

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N29811** (9)

1. Corporation Name
TAMPA BAY COIN CLUB, INC.



Principal Place of Business: ~~9823 ASHLEY DR. SEMINOLE FL 34642~~
Mailing Address: **9823 ASHLEY DR. SEMINOLE FL 34642**

3. Date Incorporated or Qualified: **12/20/1988**
3a. Date of Last Report: **03/16/1995**

2. Principal Place of Business: **MetLife**
2a. Mailing Address: **4100 BOY SCOUT BLVD TAMPA, FL 33607 USA**
4. FEI Number: **59-2953351**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **FEE, RICHARD D. 9823 ASHLEY DR. SEMINOLE FL 34642**
10. Name and Address of New Registered Agent: **FL 85**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	NAME: FROST, JOHN STREET ADDRESS: 7920 N. BRANCH AVE. TAMPA FL 33604	11 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: VP	NAME: DOU, JOHN STREET ADDRESS: 12914 LURIDA RD RIVERVIEW FL	12 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: D	NAME: GARTNER, SARA STREET ADDRESS: 3 LANES PL TAMPA FL	13 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: VP	NAME: HANZ, WILLIAM STREET ADDRESS: 9407 ROSEBURG CT TAMPA FL	14 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: T	NAME: DORSEY, LARUE STREET ADDRESS: 8423 GREENWOOD AVE TAMPA FL	2.1 TITLE: D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: P	NAME: FEE, RICHARD STREET ADDRESS: 9823 ASHLEY DR SEMINOLE FL	2.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		2.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		2.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		3.1 TITLE: VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
		3.2 NAME: WERREMEYER, JACK	
		3.3 STREET ADDRESS: 908 W. GASTON CIRCLE TAMPA, FL 33604	
		3.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		4.1 TITLE: D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
		4.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		4.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		4.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		5.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		5.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		5.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		6.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		6.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		6.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Richard D. Fee** **RICHARD D. FEE** 3/14/96 (813) 870-8344
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)