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Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90141 048 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N29811

1. Corporation Name
TAMPA BAY COIN CLUB, INC.

Principal Place of Business C/O METLIFE 4100 BOY SCOUT BLVD TAMPA FL 33607 US	Mailing Address % 9823 ASHLEY DR. SEMINOLE FL 34842
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/20/1988
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2953351
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

FEE, RICHARD D.
 9823 ASHLEY DR.
 SEMINOLE FL 33772

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 FL 85 Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FEE, RICHARD	
STREET ADDRESS	9823 ASHLEY DRIVE	
CITY-ST-ZIP	SEMINOLE FL 33772	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DOUTY, JOHN	
STREET ADDRESS	12914 LURIDA RD	
CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	WERREMEYER, JACK	
STREET ADDRESS	F908 W GASTON CIRCLE	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GARNO, ALBERT	
STREET ADDRESS	4205 BAY AVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	T McMURRAY	<input type="checkbox"/> DELETE
NAME	MCMURRAY, ROGER C.	
STREET ADDRESS	3404 ROSEVILLE CT	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE	P	<input type="checkbox"/> DELETE
NAME	WHITE, MS. D. C.	
STREET ADDRESS	3001 58TH AVE S. #1013	
CITY-ST-ZIP	ST. PETERSBURG FL 33712	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ERIK ERIKSEN	
1.3 STREET ADDRESS	18132 GUNN HIGHWAY	
1.4 CITY-ST-ZIP	ODESSA, FL 33556	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ARTHUR KATZMAN	
3.3 STREET ADDRESS	2401 BAYSHORE BLVD., APT. 804	
3.4 CITY-ST-ZIP	TAMPA, FL 33629	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: *Roger McMurray* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 ROGER C. MCMURRAY, TREASURER (813) 960-2333
 Daytime Phone #

FORM 124

CR2E037 (11/98)