

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P93000082502 (4)**

ORLANDO COIN AND STAMP, INC.



Principal Place of Business: **3107 EDGEWATER DRIVE ORLANDO FL 32804**
 Mailing Address: **3107 EDGEWATER DRIVE ORLANDO FL 32804**

2. Principal Place of Business: 21 Street Address: 26
 22 City and State: 27
 23 County: 28
 24 Name: 25 City: 29 Zip: 30

9. Name and Address of Current Registered Agent

**FINCH, PHILLIP R.
201 E. PINE STREET
SUITE 1200
ORLANDO FL 32801**

3. Date Incorporated or Qualified: **12/02/1993** 3a. Date of Last Report: **02/08/1995**
 4. FEI Number: **59-3212551** Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
 6. Election Campaign Financing / Trust Fund Contribution: **\$5.00 May Be Added to Fees**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No
10. Name and Address of New Registered Agent

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

11. I, the undersigned, as Secretary, Treasurer, and Clerk of the Florida Statutes, the above named corporation, submit this statement for the purpose of changing its registered office. I am authorized to do so both by the State of Florida Statutes and by the corporation's board of directors. I hereby accept the appointment as registered agent. I am authorized to sign the subject record, so authorized by Florida Statutes.

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
D BEARDSLEY, BRIAN V 3107 EDGEWATER DR. ORLANDO FL 32804	<input checked="" type="checkbox"/> DELETED
D BEARDSLEY, BETTY A 3107 EDGEWATER DR. ORLANDO FL 32804	<input checked="" type="checkbox"/> DELETED
DPST BEARDSLEY, BEVERLY 3107 EDGEWATER DRIVE ORLANDO FL	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION
[] OFFICER	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION
[] OFFICER	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION
[] OFFICER	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION
[] OFFICER	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION
[] OFFICER	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION
[] OFFICER	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION
[] OFFICER	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION
[] OFFICER	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION
[] OFFICER	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION
[] OFFICER	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION
[] OFFICER	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION
[] OFFICER	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION

14. I, the undersigned, as Secretary, Treasurer, and Clerk of the Florida Statutes, and does not qualify for the exemption stated in Section 119.071 (1)(b), Florida Statutes. I further certify that the information provided in this report is true and accurate, and that my signature shall have the same legal effect as if made under oath. This report shall be filed with the Department of State and the Secretary of State shall have the same legal effect as if made under oath. I am authorized to sign the subject record, so authorized by Florida Statutes.

SIGNATURE: *Beverly Beardsley* Beverly Beardsley 4/19/96 407-648-8662
 SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)