

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 01 1997 8:00am  
Secretary of State

| PROFIT CORPORATION<br>ANNUAL REPORT<br>1997                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                             | <br>FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P93000082502 (4)</b><br>1. Corporation Name<br><b>ORLANDO COIN AND STAMP, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                             |                                                                                                                                                                                         |  |
| Principal Place of Business<br><b>3107 EDGEWATER DRIVE<br/>ORLANDO FL 32804</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                             | Mailing Address<br><b>3107 EDGEWATER DRIVE<br/>ORLANDO FL 32804-3761</b>                                                                                                                |  |
| 2. Principal Place of Business<br>21 <b>2134 West Colonial</b><br>Suite, Apt. #, etc.<br>22 City & State<br>23 <b>Orlando, FL</b><br>Zip<br>24 <b>32804</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                             | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 <b>USA</b><br>30 Country                                                                               |  |
| 3. Date Incorporated or Qualified<br><b>12/02/1993</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                             | 3a. Date of Last Report<br><b>01/26/1996</b>                                                                                                                                            |  |
| 4. FEI Number<br><b>59-3212551</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                             | Applied For<br>Not Applicable                                                                                                                                                           |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                             | <b>\$8.75 Additional Fee Required</b>                                                                                                                                                   |  |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                             | <b>\$5.00 May Be Added to Fees</b>                                                                                                                                                      |  |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                             |                                                                                                                                                                                         |  |
| 9. Name and Address of Current Registered Agent<br><b>FINCH, PHILLIP R.<br/>201 E. PINE STREET<br/>SUITE 1200<br/>ORLANDO FL 32801</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                             | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City<br><b>FL</b> 85 Zip Code                              |  |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.                                                                                                                                                                     |                             |                                                                                                                                                                                         |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstalling) _____ DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                             |                                                                                                                                                                                         |  |
| 12. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                             |                                                                                                                                                                                         |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>DPST</b>                 | <input type="checkbox"/> DELETE                                                                                                                                                         |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>BEARDSLEY, BEVERLY</b>   |                                                                                                                                                                                         |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>3107 EDGEWATER DRIVE</b> |                                                                                                                                                                                         |  |
| CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>ORLANDO FL</b>           |                                                                                                                                                                                         |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                             | <input type="checkbox"/> DELETE                                                                                                                                                         |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                             |                                                                                                                                                                                         |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                             |                                                                                                                                                                                         |  |
| CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                             |                                                                                                                                                                                         |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                             | <input type="checkbox"/> DELETE                                                                                                                                                         |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                             |                                                                                                                                                                                         |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                             |                                                                                                                                                                                         |  |
| CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                             |                                                                                                                                                                                         |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                             | <input type="checkbox"/> DELETE                                                                                                                                                         |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                             |                                                                                                                                                                                         |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                             |                                                                                                                                                                                         |  |
| CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                             |                                                                                                                                                                                         |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                             | <input type="checkbox"/> DELETE                                                                                                                                                         |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                             |                                                                                                                                                                                         |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                             |                                                                                                                                                                                         |  |
| CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                             |                                                                                                                                                                                         |  |
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                             |                                                                                                                                                                                         |  |
| 1.1 TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>P</b>                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                            |  |
| 1.2 NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                             |                                                                                                                                                                                         |  |
| 1.3 STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                             |                                                                                                                                                                                         |  |
| 1.4 CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                             |                                                                                                                                                                                         |  |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                       |  |
| 3.2 NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                             |                                                                                                                                                                                         |  |
| 3.3 STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                             |                                                                                                                                                                                         |  |
| 3.4 CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                             |                                                                                                                                                                                         |  |
| 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 do 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. |                             |                                                                                                                                                                                         |  |
| SIGNATURE: <b>Beverly Beardsley</b> <b>1/7/96</b> <b>407-648-1662</b><br>SIGNATURE AND PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                             |                                                                                                                                                                                         |  |

CR2E034 (9/96)