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

PROFIT Jan 21 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State **DIVISION OF CORPORATIONS** 1998 DOCUMENT # 546533 (1) HAUSER COIN & STAMP, INC. Principal Place of Business Mailing Address 3425 S. FLORIDA AVE 3425 S FLORIDA AVE LAKELAND FL 33803 LAKELANO FL 33803 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/12/1977 2a. Mailing Address 2. Principal Place of Business FEI Number Applied For 21 26 59-1868579 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be П 23 28 Trust Fund Contribution Added to Fees Country Zio Country Zin 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ᄸ Yes 24 25 29 30 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name 81 HAUSER, NICHOLAS P 3425 S. FLORIDA AVE. Street Address (P.O. Box Number is Not Acceptable) LAKELAND FL 33803 83 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** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE TITLE 1.1 TITLE Change ___ Addition NAME HAUSER, NICHOLAS 1.2 NAME 3425 S. FLORIDA AVE. STREET ADDRESS 1.3 STREET ADDRESS LAKELAND, FL 00000 33803 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE STD 21 TITLE NAME HAUSER, BARBARA 2.2 NAME 3425 S. FLORIDA AVE. STREET ADDRESS 2.3 STREET ADDRESS LAKELAND FL 33803 CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE ☐ Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE ☐ Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. 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.

FILED

(941) 6117-2052

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