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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # 657755

(5)

FLORIDA STAMP & COIN COMPANY, INC.

FILED Apr 21 1997 8:00am Secretary of State

> (407) 4///- 2.290

Principal Place of Business 199 EAST WELBOURNE AVE SUITE 201 WINTER PARK FL 32789 US		Mailin	Mailing Address 199 East Welbourne Avenue 201 Winter Park FL 32789-4337 US			E JEBNIO BNIOL BNIAL NOBIL NOBER OFFICE DITA	i Babah bibli bibli dakat bah	1) <b>0) 0</b> ) 0 0 0 0
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						3. Date Incorporated or Qualified		
2. Principal Pr	ace of Business	2a. Ma	ailing Address			4. FEI Number		applied For
1		26				59-2014456	<del></del>	ot Applicable
Sulte, Apt.	#, etc.		ite, Apt. #, etc.					Additional
2		27				5. Certificate of Status Desired	Fee F	Required
City & State	9	Cit	ty & State			6. Election Campaign Financing		May Be
3		28				Trust Fund Contribution		to Fees
Zip	Country	Z (	p	Count	lry	8. This corporation has liability for i	intangible tax under Yes No	s. 199.032,
4	9. Name and Address of	Current Registers	ed Agent	30		Florida Statutes  10. Name and Address of New Re		<del></del>
500					Name	TO. Harris and Adolesis of the French	3,510,00 /130111	
HUU	ERS, MICHAEL <del>N. INTERLOC</del> KEN AVENU I <del>ER PARK FL 32789</del>	ne 199 East	Welbarn	e Ave				
TUO MARKAL	M. MICKLUUKEN AVENU IED-DADK EL 99786	S4-201		18	Street Add	Iress (P.O. Box Number is Not Acceptab	ole)	
TTIIT	IEN TANKTE OCTOO	Whater Pr	ack FL3	2784 B	33			
		VOIICI						
				le le	34 City		FL 85 Zip	Code
11. Pursuant t	o the provisions of Sections (	607.0502 and 607.1	1508, Florida Sta	tutes, the abo	ove-named cor	poration submits this statement for the p	ourpose of changing	its registered
office or re	egistered agent, or both, in the familiar with, and accept the	ne State of Florida. S ne obligations of Sc	Such change wa	s authorized Elorida Statut	by the corpora	ition's board of directors. I hereby accep	ot the appointment a	s registered
enent e								
	Trialina Willi, and dooops to		30tion 607.0303,					
SIGNATURE	Signature, typed or printed name of regi	stered agent and litte if ap	ціі-catile - {N			ired whon reinstaling)	DATE	
SIGNATURE	Signature, typed or printed name of regi OFFICE	-	qilicable (N DRS	NOTE Registered /	Agoni signature raqu	ired whon reinstating) ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTO	
SIGNATURE 12.	Signature, typed or printed name of regi OFF ICE	stered agent and litte if ap	ціі-catile - {N	13.	Agont signature requi	<del>-</del> `		
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