

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90205 018 ***158.75

DOCUMENT # H97825

1. Corporation Name
MIKE LEVIN NUMISMATISTS, INC.

Principal Place of Business
240 CAPTAIN'S WALK
#519
DELRAY BCH FL 33483
US

Mailing Address
PO BOX 1512
BOCA RATON FL 33429
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/05/1986

4. FEI Number

59-2637831

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 owes the current year Intangible
Personal Property Tax.

Yes No

2. Principal Place of Business

21 2025 LAVERS CIRCLE

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

23 City & State

DELRAY BEACH, FL

27 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

24 33444 25 USA

9. Name and Address of Current Registered Agent

LEVIN, MICHAEL
240 CAPTAIN'S WALK
#519
DELRAY BCH FL 33483

10. Name and Address of New Registered Agent

81 Name LEVIN, MICHAEL
82 Street Address (P.O. Box Number is Not Acceptable)
2025 LAVERS CIRCLE
83 # D210
84 City DELRAY BEACH FL 85 Zip Code 33444

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)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME LEVIN, MICHAEL
STREET ADDRESS 240 CAPTAIN'S WALK #519
CITY-ST-ZIP DELRAY BCH FL

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
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22.4 CITY-ST-ZIP

23.1 TITLE
23.2 NAME
23.3 STREET ADDRESS
23.4 CITY-ST-ZIP

24.1 TITLE
24.2 NAME
24.3 STREET ADDRESS
24.4 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 607, 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:

REQUIRED MIKE LEVIN, PRES. 4/13/99 561-274-9439

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0370599