

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **M17952** (6)

1. Corporation Name

**FT. LAUDERDALE STAMP & COIN, INC.**



Principal Place of Business

**2929 E. COMMERCIAL BLVD.  
#606  
FT. LAUDERDALE FL 33308**

Mailing Address

**2929 E. COMMERCIAL BLVD.  
#606  
FT. LAUDERDALE FL 33308**

2. Principal Place of Business

2a. Mailing Address

21

State, Apt. #, etc.

26

State, Apt. #, etc.

22

City & State

27

City & State

23

Zip Country

28

Zip Country

24

9. Name and Address of Current Registered Agent

**BALDWIN, R.H.  
2929 E COMMERCIAL BLVD #606  
FT. LAUDERDALE FL 33308**

3. Date Incorporated or Qualified

**07/12/1985**

3a. Date of Last Report

**07/11/1995**

4. FEI Number

**NOT APPLICABLE**

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 is Not Acceptable)

83

84 City

**FL**

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

Signature of Registered Agent or Registered Agent of the Corporation

Signature of Registered Agent or Registered Agent of the Corporation

DATE

12. OFFICERS AND DIRECTORS

| 12.1 | NAME                          | STREET ADDRESS                  | CITY-STATE-ZIP           | DELETE                   |
|------|-------------------------------|---------------------------------|--------------------------|--------------------------|
| 1    | <b>PST<br/>BALDWIN, R. H.</b> | <b>2929 E. COMMERCIAL BLVD.</b> | <b>FT. LAUDERDALE FL</b> | <input type="checkbox"/> |
| 2    | <b>BALDWIN, R. H.</b>         | <b>2929 E. COMMERCIAL BLVD.</b> | <b>FT. LAUDERDALE FL</b> | <input type="checkbox"/> |
| 3    |                               |                                 |                          | <input type="checkbox"/> |
| 4    |                               |                                 |                          | <input type="checkbox"/> |
| 5    |                               |                                 |                          | <input type="checkbox"/> |
| 6    |                               |                                 |                          | <input type="checkbox"/> |
| 7    |                               |                                 |                          | <input type="checkbox"/> |
| 8    |                               |                                 |                          | <input type="checkbox"/> |
| 9    |                               |                                 |                          | <input type="checkbox"/> |

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

| 13.1 | NAME | STREET ADDRESS | CITY-STATE-ZIP | DELETE                   | Change                   | Addition                 |
|------|------|----------------|----------------|--------------------------|--------------------------|--------------------------|
| 1    |      |                |                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2    |      |                |                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3    |      |                |                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4    |      |                |                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5    |      |                |                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6    |      |                |                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7    |      |                |                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8    |      |                |                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9    |      |                |                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 or person in or having control or power 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: Rose H. Baldwin  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/96  
Date

776-1188  
Office Phone #

CR2E034 (12/95)