

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

FILED
Apr 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P92000013281 (0)
 1. Corporation Name
DECKER'S COINS AND CURRENCY, INC.



Principal Place of Business P.O. BOX 69 SEYMOUR TN 37865	Mailing Address P.O. BOX 69 SEYMOUR TN 37865-0069
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 01/01/1993	3a. Date of Last Report 03/12/1996
21 P.O. Box 250 Suite, Apt. #, etc.	26 P.O. Box 250 Suite, Apt. #, etc.	4. FEI Number 59-3162967	Applied For Not Applicable
22 800 Mynatt Rd. City & State	27 800 Mynatt Rd. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Blaine TN Zip Country	28 Blaine TN Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 37709	25 Granger	29 37709	30 Granger

9. Name and Address of Current Registered Agent
**SEMENTO, LAWRENCE J
 531 N. BAY ST.
 EUSTIS FL 32726**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 resigning) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DECKER, GEORGE H		1.2 NAME
STREET ADDRESS 2270 E. UNION VALLEY RD.		1.3 STREET ADDRESS
CITY-ST-ZIP SEYMOUR TN 37865		1.4 CITY-ST-ZIP
TITLE VP	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DECKER, DIANE		2.2 NAME
STREET ADDRESS 2270 E. UNION VALLEY RD.		2.3 STREET ADDRESS
CITY-ST-ZIP SEYMOUR TN 37865		2.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME
STREET ADDRESS		3.3 STREET ADDRESS
CITY-ST-ZIP		3.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS
CITY-ST-ZIP		4.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		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: *Diane Decker* **DIANE DECKER** 3/29/97 (423)932-9677

CR2E034 (9/96)