


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 10, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P95000041842</b> 1. Entity Name <b>ROBERT B. LECCE NUMISMATIST, INC.</b>	
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Principal Place of Business <b>17761 SOUTHWICK WAY BOCA RATON, FL 33498 US</b>	Mailing Address <b>17761 SOUTHWICK WAY BOCA RATON, FL 33498 US</b>
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  
  
**LECCE, ROBERT B  
17761 SOUTHWICK WAY  
BOCA RATON, FL 33498**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>000000083145</b> <b>03/10/04-80026-018 158.75</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LECCE, ROBERT B 17761 SOUTHWICK WAY BOCA RATON, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVP LECCE, RICHARD 17761 SOUTHWICK WAY BOCA RATON, FL 33498</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *X Robert B Lecce* **X 3/5/04** **X 561 483 4744**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #