

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

**FILED**  
**Feb 12 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

**DOCUMENT # P96000053827 (7)**  
 1. Corporation Name  
**M & G NUMISMATIC AUCTIONS, INC.**



Principal Place of Business: **866 SILVERADO COURT LAKE MARY FL 32746**

Mailing Address: **P.O. BOX 051988 LAKE MARY FL 32785-1988 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	<b>270 HUMPHREY RD</b>	26		<b>06/25/1996</b>	
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	4. FEI Number	
23	City & State <b>LAKE MARY FL</b>	28	City & State	<b>59-3406177</b>	
24	Zip <b>32746</b>	29	Zip	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
25	Country <b>USA</b>	30	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
9. Name and Address of Current Registered Agent				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
<b>GRELLMAN, JOHN R 866 SILVERADO COURT LAKE MARY FL 32746</b>				81	Name			
				82	Street Address (P.O. Box Number is Not Acceptable) <b>270 HUMPHREY RD</b>			
				83				
				84	City	<b>LAKE MARY</b>	85	Zip Code <b>FL 32746</b>

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1998	
TITLE	<b>PD</b>	1.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MCCAWLEY, CHRISTOPHER V</b>	1.2 NAME	<b>2800 Lost Rock Trail</b>
STREET ADDRESS	<b>P.O. BOX 2987</b>	1.3 STREET ADDRESS	<b>EDMOND, OK 73003</b>
CITY-ST-ZIP	<b>EDMOND OK 73083</b>	1.4 CITY-ST-ZIP	
TITLE	<b>STD</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRELLMAN, JOHN R JR</b>	2.2 NAME	
STREET ADDRESS	<b>866 SILVERADO COURT</b>	2.3 STREET ADDRESS	<b>270 HUMPHREY RD</b>
CITY-ST-ZIP	<b>LAKE MARY FL 32746</b>	2.4 CITY-ST-ZIP	<b>LAKE MARY FL 32746</b>
TITLE		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		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		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		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 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 a address.

SIGNATURE: *John R. Grellman, Jr* **JOHN R. GRELLMAN, JR** 20 JAN 98 407-321-8747

CR2E034 (10/97)