FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 May 26 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 P97000018896 (5) DOCUMENT # LANDMARK RARE COIN GALLERIES, INC. Principal Place of Business Mailing Address 19978 LANTE PLACE 19978 LANTE PLACE **BOCA RATON FL 33434 BOCA RATON FL 33434** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/28/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 600743115 Not Applicable 21 Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution \Box Added to Fees Zio Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 29 30 Personal Property Tax due June 30. Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name BLOCK, LEE 19978 LANTE PLACE 82 Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33434** 83 84 City 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, typind or profiled name of requirered agent at of title if applicable (NOTt : Rog stered Agent signature required whon reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. PRESIDENT DELETE Change TITLE 1.1 TITLE Addition NAME 1.2 NAME MUR R STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-7(P 1.4 CITY - ST - ZIP Change ■ Addition TITLE 21 TITLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- ZIP DELETE 4.1 TITLE Change Addition TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME

64 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 logal 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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6 1 TITLE

6.2 NAME

0101115-

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

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DELETE

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Change

Addition