Applied For No Applicable

\$8.75 Additional

Fee Re juired

\$5.00 vlay Be

Added to Fees

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550,00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEF'ARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90134 013 \*\*\*150.00

## 

DOCUMENT # P98000010449 1. Corporation Name VEST POCKET NUMISMATICS, INC.

Principal Flace of Business

2. Principal Place of Business 21 P.O. Box 835206

Mailing Address

528 WILLIAM ST. KEY WEST FL 33040

Suite, / pt. #, etc.

City & Sitate

22

528 WILLIAM ST. KEY WEST FL 33040

City & State

28

2a. Mailing Address 26 P.O. COX 835206

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

6. Electic n Campaign Financing Trust Fund Contribution

8. This corporation owes the current year intangible

01/30/1998 FEI N imber

24 3 5	283 25		29 99 00	30		_	Personal Pr	operty Tax.	Yes	NO
	9. Name and Ado	ress of Current F	Registered Agent				10. Name and	Address of New Re	gistered Agent	
Ebs.	TEIN, IRWIN				81	Name				
528 WILLIAM ST.						Street Ac	Idress (P.O. Bo) Nun	nber is Not Acceptabl	e)	
	WEST FL 33040		·		83					
141-1	11201 12 33010				03					
,					84					Code
- office cr-r	egistered agent, or bo	h. in the State of	and 607.1508, Florida S Florida Such change w ns of, Section 607.0505	as⊶utho	vd bosin	the corpore	rporation submi s thi ation's board of circul	s statement for the pu ers. I hereby accept	urpose of changing its the appointment as re	registered eg stered
SIGNATURE			Long to P. L.	TOT - O					DATE	
12.	Signature, typed or printed na	OFFICERS ANI)	·	NOT :: Reg	13.	signature requ	ired when reinstating)	CHANGES TO DEEK	CERS AND DIRECTO	3F S IN 12
TITLE	D	OFFICERS AND	DIRECTORS DELETI		1.1 TITLE		ADDITION	ONANOES TO OFFI	Change	Addition
	EPSTEIN, GAIL				1.2 NAME					_
NAME				ļ		ADDRESS				
STREET ADDRE 3S	528 WILLIAM ST.	0.40		3						
CITY-ST-ZIP	KEY WEST FL 33	040	☐ DELET		1.4 CITY-S 2.1 TITLE	1-2IP			Change	☐ Addition
_	D EDOTER IDMAN			· 1	22 NAME					
NAME	EPSTEIN, IRWIN					( ADDDE 00				
STREET ADDRESS	528 WILLIAM ST.	0.40	•			ADDRESS				
CITY-ST-ZIP	KEY WEST FL 33	040	□ DELETI		2. 4 CITY-S 3.1 TITLE	1-ZIP			[ ] Change	☐ Addition
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STREET ADDRES S			-	ı	~	ADDRESS				
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				-	5.2 NAME	ĺ				
NAME				Į	53 STREET	Anness				i
STREET ADDRESS				ŀ	5.4 CITY-S					
CITY-ST-ZIP	<del> </del>		☐ DELETE		61 TITLE	1-216			Change	Addition
TITLE			□ pereit	- 1	6.2 NAME	\ \ \			c.iange	
NAME					63 STREET	ADDRESS				
STREET ADDRES 3				į		Ι.				
CITY-ST-ZIP	-				6.4 CITY-S	T-ZIP				

Country

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 uncer 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, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR