


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

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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90134 013 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000010449					
1. Corporation Name VEST POCKET NUMISMATICS, INC.					
Principal Place of Business 528 WILLIAM ST. KEY WEST FL 33040			Mailing Address 528 WILLIAM ST. KEY WEST FL 33040		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 P.O. Box 835206 Suite, Apt. #, etc.		2a. Mailing Address 26 P.O. Box 835206 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 01/30/1998	
22 Miami, FL City & State		27 Miami, FL City & State		4. FEIN Number 65-0812435	
23 33283 Zip		29 33283 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 33283 Country		30 33283 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent EPSTEIN, IRWIN 528 WILLIAM ST. KEY WEST FL 33040			10. Name and Address of New Registered Agent		
81 Name			82 Street Address (P.O. Box Number is Not Acceptable)		
83			84 City FL 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOT Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <input type="checkbox"/> DELETE NAME D EPSTEIN, GAIL STREET ADDRESS 528 WILLIAM ST. CITY-ST-ZIP KEY WEST FL 33040			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME D EPSTEIN, IRWIN STREET ADDRESS 528 WILLIAM ST. CITY-ST-ZIP KEY WEST FL 33040			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
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TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number

CR2E034 (11/98)