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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **S74737** (5)
1. Corporation Name:
PREMIER COIN GALLERIES, INC.

Principal Place of Business: **3622 NW 59TH ST. COCONUT CREEK FL 33073**
Mailing Address: **3622 NW 59TH ST. COCONUT CREEK FL 33073**

2. Principal Place of Business: **3622 NW 59TH ST. COCONUT CREEK FL 33073**
2a. Mailing Address: **3622 NW 59TH ST. COCONUT CREEK FL 33073**
21. State: **FL**
22. City & State: **COCONUT CREEK FL**
23. City & State: **COCONUT CREEK FL**
24. City & State: **COCONUT CREEK FL**
25. City & State: **COCONUT CREEK FL**
26. City & State: **COCONUT CREEK FL**
27. City & State: **COCONUT CREEK FL**
28. City & State: **COCONUT CREEK FL**
29. City & State: **COCONUT CREEK FL**
30. City & State: **COCONUT CREEK FL**

3. Date Incorporated or Created: **08/19/1991**
3a. Date of Last Report: **06/06/1994**
4. FEI Number: **65-0285384**
Applied For: Not Applicable:
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
7. This corporation has liability for international tax on sales of 100,000 Florida Statutes: Yes No

9. Name and Address of Current Registered Agent:
**WENE, JACK
3622 NW 29TH ST
COCONUT CREEK FL 33073**

10. Name and Address of New Registered Agent:
B1. Name:
B2. Street Address (P.O. Box Number is Not Applicable):
B3. City & State:
B4. City, **FL**, B5. Zip Code:

11. Pursuant to the provisions of Sections 607.010 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to another agent, a 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: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 1994	
1. NAME: VT WENE, JACK	1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	1. NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS: 3622 NW 59TH ST COCONUT CREEK FL	2.1 TITLE:	2. NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. CITY, ST, ZIP: COCONUT CREEK FL	3.1 TITLE:	3. STREET ADDRESS:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME: PS SMALL, PATTI	4.1 TITLE:	4. CITY, ST, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. STREET ADDRESS: 3622 NW 59TH ST COCONUT CREEK FL	5.1 TITLE:	5. NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. CITY, ST, ZIP: COCONUT CREEK FL	6.1 TITLE:	6. STREET ADDRESS:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7. NAME:	7.1 TITLE:	7. CITY, ST, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. STREET ADDRESS:	8.1 TITLE:	8. NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. CITY, ST, ZIP:	9.1 TITLE:	9. STREET ADDRESS:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME:	10.1 TITLE:	10. CITY, ST, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. STREET ADDRESS:	11.1 TITLE:	11. NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. CITY, ST, ZIP:	12.1 TITLE:	12. STREET ADDRESS:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. NAME:	13.1 TITLE:	13. CITY, ST, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. STREET ADDRESS:	14.1 TITLE:	14. NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15. CITY, ST, ZIP:	15.1 TITLE:	15. STREET ADDRESS:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16. NAME:	16.1 TITLE:	16. CITY, ST, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17. STREET ADDRESS:	17.1 TITLE:	17. NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. CITY, ST, ZIP:	18.1 TITLE:	18. STREET ADDRESS:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 11.07(2)(b), Florida Statutes. I further certify that the information on this annual report or supplementary 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 make this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report upon information furnished with accuracy.

SIGNATURE: *Patti Small*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/95