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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(2)

DOCUMENT # NUMISMATICS UNLIMITED INC.

S81777

FILED Apr 07 1998 8:00am Secretary of State

| Principal Place | e of Business | Mailing Address | Mailing Address | | | | | | |
|---|--|---------------------------|-----------------|--------------------------------|-------------------------|---|------------------|---------------|--|
| 504 HICKSVILLE ROAD | | 2500 NORTH MILITARY TRAIL | | | | | | | |
| SUITE 2 | | SUITE 285 | | | | DO NOT WRITE IN THIS SPACE | | | |
| MASSAPEOUA N 11758 US | | BOCA RATON FL 33431 | | | | DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified | | | |
| 03 | | | | | | 09/20/1991 | | | |
| Principal P | lace of Business | 2a. Mailing Address | | | | 4. FEI Number | TAL | oplied For | |
| 21 | idos of existretic | 26 | | | | 11-3081807 | | ot Applicable | |
| Suite, Apt. #, etc | | Suite, Apt #, etc. | | | | | SR 75 Additional | | |
| 22 | | 27 | | | | 5. Certificate of Status Desired | Fee Re | | |
| City & State | | City & State | | 6. Election Campaign Financing | \$5.00 | May Be | | | |
| 23 | | 28 | | | Trust Fund Contribution | Added | | | |
| Zip | Country | Zip | Coun | ilry | | 8. This corporation owes or has paid the curr | | | |
| 24 | 25 | | 0 | | | | |] No | |
| } | g. Name and Address of Current | Registered Agent | ·· | B1 | A1 | 10. Name and Address of New Registered | Agent | | |
| | GINOR, CLIFFORD N. | | ľ | ויי | Name | | | | |
| | 00 N. MILITARY TRAIL | | Ī | B2 | Street Addre | ess (P.O. Box Number is Not Acceptable) | | | |
| 285 | | | | 83 | | | | | |
| l RO | ICA RATON FL 33431 | | | | | | | | |
| | | | | 84 | City | FL | 85 Zip i | 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 holl, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered | | | | | | | | | |
| office or registered agent, or both, in the State of Frondal 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 | | | | | | | | | |
| ļ., | Signature, typed or punied name of mustered agen | | | Agen | nt signature require | ed when reinstating) DATE | DIDECTOR | 20 111 40 | |
| 12. | OFFICERS AND | DELETE | 13. | F | | ADDITIONS/CHANGES TO OFFICERS AND | Change | Addition | |
| NAME | ALLEVA, PHILIP | | 1.2 NAME | | | | | | |
| STREET ADDRESS | 59 CONNECTICUT AVE | | 1 3 STREE | | 223BOOA | | | | |
| CITY-ST-ZIP | MASSAPEQUA NY | | 1.4 CITY- | | | | | | |
| TITLE | S | DELETE | 21 TITLE | | | | ☐ Change | Addition | |
| NAME | ALLEVA, MARY | / | 2.2 NAME | | | | | | |
| STREET ADDRESS | 59 CONNECTICUT AVE | | 2 3 STREET | | ADDRESS | | | 1 | |
| CITY+ST-ZIP | MASSAPEQUA NY | | 2. 4 CIT | 2.4 CITY+SY-ZIP | | | | | |
| TITLE | | | 3.1 TITL | LE | | | ☐ Change | Addition | |
| NAME | ALLEVA, CARL 32 | | 3.2 NAM | ME | | | | 1 | |
| STREET ADDRESS | | | 33 STR | EET A | ADDRESS | | | | |
| CITY-ST-ZIP | | | 3.4 CIT | Y - S1 | T-ZIP | | | | |
| TITLE | | ☐ DELETE | 4.1 7171 | 4.1 TITLE | | | Change | ☐ Addition | |
| NAME | | | 4. 2 NA | ME | | | | 1 | |
| STREET ADDRESS | | | 4.3 STR | REET A | ADDRESS | | | İ | |
| CITY-ST-ZIP | | | 4.4 CIT | | - ZIP | | | F7 4 : 10.5 | |
| TITLE | | | 5.1 TITU | | | | ☐ Change | Addition | |
| NAME | | | 5.2 NAI | | | | | ľ | |
| STREET ADORESS | | | | | ADDRESS | | | | |
| CITY-ST-ZIP | | | 5.4 CIT | | 1-21P | | Chance | Addition | |
| TITLE | | ☐ DELETI | 6 1 717 | | | | Change | Addition | |
| NAME | | | 6.2 NA | | | | | | |
| STREET ADDRESS | | | 6.3 STP | RETA | ADDRESS | | | | |

14. Thereby 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 address.

SIGNATURE:

3.31.98

516-798-4170