

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

FILED
May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L87161 (0)
 1. Corporation Name
RARE COIN PORTFOLIOS OF FLORIDA, INC.



Principal Place of Business 243 S POMPANO PKWY POMPANO BCH FL 33069 US	Mailing Address 243 S POMPANO PKWY POMPANO BCH FL 33069-3005 US
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2. Principal Place of Business 21 Po Box 77v19v Suite, Apt. #, etc.	2a. Mailing Address 26 Po Box 77v19v Suite, Apt. #, etc.	3. Date Incorporated or Qualified 07/12/1990	3a. Date of Last Report 04/24/1996
22 City & State 23 Coral Springs, FL	27 City & State 28 Coral Springs, FL	4. FEI Number 65-0207879	Applied For Not Applicable
24 Zip 33077	25 Country	29 Zip 33077	30 Country
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent BUTLER, GAREY F. % HUMPHREY & KNOTT, P.A. 1825 HENDRY ST. #301 FT. MYERS FL 33901				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KATZ, MARTIN E.		1.2 NAME	
STREET ADDRESS 12 VILLAGE WAY		1.3 STREET ADDRESS	
CITY-ST-ZIP SMITHTOWN NY		1.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ALMAN, JOHN E.		2.2 NAME	
STREET ADDRESS 6 BERKSHIRE RD		2.3 STREET ADDRESS	
CITY-ST-ZIP BETHPAGE NY		2.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CARBALLO, RICHARD		3.2 NAME	
STREET ADDRESS 3328 SE 22ND AVE		3.3 STREET ADDRESS	
CITY-ST-ZIP CAPE CORAL FL		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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.

SIGNATURE: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: _____ DATE: **4/26/97** (414)933-6080 DAYTIME PHONE #

CR2E034 (9/96)