

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 20 PM 4:04

DOCUMENT # **S81777 (2)**
1. Corporation Name
NUMISMATICS UNLIMITED INC.

Principal Place of Business Mailing Address
59 CONNECTICUT AVE. MASSAPEQUA NY 11758 US
2500 NORTH MILITARY TRAIL SUITE 285 BOCA RATON FL 33431

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **09/20/1991** 3a. Date of Last Report **05/01/1994**
4. FEI Number **11-3081807** 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**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip 28. Zip Country 29. Zip Country 30. Zip Country

9. Name and Address of Current Registered Agent
~~SHERES, REENA
6020 NORTHWEST 61ST STREET
PARKLAND FL 33431~~

10. Name and Address of New Registered Agent
81. Name **CLIFFORD N. SAGINOR**
82. Street Address (P.O. Box Number is Not Acceptable) **2500 N. MILITARY TRAIL**
83. **# 285**
84. City **BOCA RATON** FL 85. Zip Code **33431**

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 *Clifford N. Saginor* **CLIFFORD N. SAGINOR** 1/13/95
Signature, typed or printed name of the person named and title if applicable. (NOTE: Registered Agent signature required when registering.) DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	SAGINOR, DAVID
STREET ADDRESS	5770 BRIDLE WAY CIR.
CITY - ST - ZIP	BOCA RATON FL
TITLE	P
NAME	ALLEVA, PHILIP
STREET ADDRESS	59 CONNECTICUT AVE
CITY - ST - ZIP	MASSAPEQUA NY
TITLE	V
NAME	SAGINOR, CLIFFORD
STREET ADDRESS	6600 WOODBRIDGE DR
CITY - ST - ZIP	PARKLAND FL
TITLE	S
NAME	ALLEVA, MARY
STREET ADDRESS	59 CONNECTICUT AVE
CITY - ST - ZIP	MASSAPEQUA NY
TITLE	V
NAME	ALLEVA, CARL
STREET ADDRESS	185 FALLWOOD PARKWAY
CITY - ST - ZIP	FARMINGDALE NY
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 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	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statute. 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 an appointment with an address.

SIGNATURE: *Philip Alleva* 1-13-95 (516) 798-4170
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date