

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S81777** (2)

1. Corporation Name
NUMISMATICS UNLIMITED INC.



Principal Place of Business

**59 CONNECTICUT AVE.
MASSAPEQUA NY 11758
US**

Mailing Address

**2500 NORTH MILITARY TRAIL
SUITE 285
BOCA RATON FL 33431**

2. Principal Place of Business

21 **504 Hicksville Rd.**

Suite, Apt. #, etc.

22 **Suite 2**

City & State

23 **Massapequa, New York**

Zip

24 **11758**

Country

25 **USA**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**SAGINOR, CLIFFORD N.
2500 N. MILITARY TRAIL
285
BOCA RATON FL 33431**

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 607.07(2) and 607.15(1)(c), 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. Thereby, accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.07(2), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	ALLEVA, PHILIP	
STREET ADDRESS	59 CONNECTICUT AVE	
CITY-STATE-ZIP	MASSAPEQUA NY	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ALLEVA, MARY	
STREET ADDRESS	59 CONNECTICUT AVE	
CITY-STATE-ZIP	MASSAPEQUA NY	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ALLEVA, CARL	
STREET ADDRESS	185 FALLWOOD PARKWAY	
CITY-STATE-ZIP	FARMINGDALE NY	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 NAME	
22 STREET ADDRESS	
23 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 NAME	
32 STREET ADDRESS	
33 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 NAME	
42 STREET ADDRESS	
43 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 NAME	
52 STREET ADDRESS	
53 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 NAME	
62 STREET ADDRESS	
63 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntary, furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included 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 of the corporation; that I am the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if completed, or on an attached sheet with an address.

SIGNATURE: *Carl Alleva* Carl Alleva 4-10-96 516-798-4170
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Phone #

CR2E034 (12/95)