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Jan 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N44224 (6)
1. Corporation Name
OCALA RADIO CONTROLLED CAR CLUB, INC.



Principal Place of Business P. O. BOX 70166 OCALA FL 34470 US	Mailing Address P. O. BOX 70166 OCALA FL 34470-0166 US
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3. Date Incorporated or Qualified 07/03/1991	3a. Date of Last Report 02/29/1996
4. FEI Number 59-3077297	Applied For <input type="checkbox"/> Not Applicable
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	

2. Principal Place of Business 21 Suite, Apt. #, etc 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
**SHOOK, STEVE
3500 SE 30TH TERR.
OCALA FL 34471**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> DELETE
NAME	SHOOK, STEVE	
STREET ADDRESS	3500 SE 30TH TERR	
CITY - ST - ZIP	OCALA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	STRUYK, ROBERT	
STREET ADDRESS	6980 NW WIRE ROAD	
CITY - ST - ZIP	OCALA FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MCMAHON, DAVE	
STREET ADDRESS	PO BOX 1690	
CITY - ST - ZIP	SILVER SPRINGS FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	CHRISTMAS, DOUGLAS	
STREET ADDRESS	2705 NE 3RD AVE	
CITY - ST - ZIP	OCALA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DAVIS, BRUCE	
STREET ADDRESS	87A4 RT 2	
CITY - ST - ZIP	OCKLAWAHA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Struyk, Robert
2.3 STREET ADDRESS	6980 NW Wire Road
2.4 CITY - ST - ZIP	OCALA, FL.
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Jack Martin
3.3 STREET ADDRESS	131 NE 17th Place Suite C
3.4 CITY - ST - ZIP	OCALA, FL.
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 checked="" type="checkbox"/> Addition
6.2 NAME	TD SUSAN DANVERS
6.3 STREET ADDRESS	8118 NW 60th Ave
6.4 CITY - ST - ZIP	OCALA, FL. 34482

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Steve Shook* Steve Shook 1-16-97 3527324550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0065500

CR2E037 (9/96)