

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # N94000001296 (2)

1. Corporation Name

SOUTH FLORIDA RAILWAY MUSEUM, INC.

Principal Place of Business

Mailing Address

1300 W HILLSBORO BLVD
DEERFIELD BEACH FL 33442
US

1300 W HILLSBORO BLVD
DEERFIELD BEACH FL 33442
US

3. Date Incorporated or Qualified

03/14/1994

4. FEI Number

65-0485963

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☒ 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

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHAFFER, MARK W
1300 W. HILLSBORO BLVD.
SUITE 499
DEERFIELD BEACH FL 33442

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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

PD
NAME GOODWIN, HOWARD G
STREET ADDRESS 1815 NW 67 AVE
CITY-ST-ZIP MARGATE FL 33068

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

VD
NAME MERCHBERGER, THOMAS
STREET ADDRESS 1440 N.E. 32 STREET
CITY-ST-ZIP POMPANO BEACH FL 33064

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

STD
NAME SHAFFER, MARK W
STREET ADDRESS 1300 W HILLSBORO BLVD.
CITY-ST-ZIP DEERFIELD BEACH FL 33442

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

D
NAME KEMPNER, MARVIN
STREET ADDRESS 11820 FOUNTAINSIDE CIRCLE
CITY-ST-ZIP BOYNTON BEACH FL 33482

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

MD
NAME LUPFER, JAMES
STREET ADDRESS 6968 TOWN HARBOUR BLVD., #2220
CITY-ST-ZIP BOCA RATON FL 33487

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

D
NAME HOISINGTON, E.E.
STREET ADDRESS 1427 E. HILLSBORO BLVD., #629
CITY-ST-ZIP DEERFIELD BEACH FL 33441

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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:

[Signature]

2/4/98

9546986620

CP2E037 (10/97)