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Feb 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 707747 (2)

1. Corporation Name
SUNSHINE REGION, NATIONAL MODEL RAILROAD ASSOCIATION, INC.

Principal Place of Business 2233 NURSERY ROAD STE. 1A CLEARWATER FL 34624 US	Mailing Address 2233 NURSERY ROAD STE. 1A CLEARWATER FL 34624 US
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2. Principal Place of Business 21 212 N. Lake Hartridge Dr Suite, Apt. #, etc. 22 (No Suite number) City & State 23 Winter Haven FL Zip 24 33881	2a. Mailing Address 26 212 N. Lake Hartridge Dr Suite, Apt. #, etc. 27 (No Suite number) City & State 28 Winter Haven FL Zip 29 33881
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9. Name and Address of Current Registered Agent

**ROBERGE, WALTER L
212 N. LAKE HARTRIDGE DRIVE
WINTER HAVEN FL 33881**

3. Date Incorporated or Qualified 08/25/1964
4. FEI Number 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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

10. Name and Address of New Registered Agent

81 Name ROBERT E. CHAIT
82 Street Address (P.O. Box Number is Not Acceptable) 1711 S. ANDREWS AVE.
83 FT. LAUDERDALE FL
84 City FL
85 Zip Code 33316

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 Robert E. Chait **ROBERT E. CHAIT** **9 Feb 98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	GREENBAUM, ROBERT	
STREET ADDRESS	7959 9TH AVE S	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	S/D	<input type="checkbox"/> DELETE
NAME	ROBERGE, WALTER L	
STREET ADDRESS	212 N. LAKE HARTRIDGE DR.	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	FUSSELL, LYMAN	
STREET ADDRESS	135 SULKY WAY	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CHAIT, ROBERT E	
STREET ADDRESS	1711 S ANDREWS AVE	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FELLOWS, BILL	
STREET ADDRESS	1719 PAPAYA DR. E.	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE	O	<input type="checkbox"/> DELETE
NAME	BEATTY, JAMES M.	
STREET ADDRESS	5452 BENEVA WOODS CIRCLE	
CITY-ST-ZIP	SARASOTA FL	

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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input 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 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: Robert E. Chait **ROBERT E. CHAIT** **21 JAN 98** **(954) 522-8441**

CR2E037 (10/97)