

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 715974 (2)

1. Corporation Name

THE IMPERIAL RADIO CONTROL CLUB, INC.

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
95 FEB -6 PM 12:20

Principal Place of Business Mailing Address
PO BOX 6662 LAKELAND FL 33807 PO BOX 6662 LAKELAND FL 33807

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/31/1969 3a. Date of Last Report 02/01/1994
4. FEI Number 51-0205427 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
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 Suits, Apt. #, etc. 26 Suits, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 Zip Country 25 Zip Country 29 Zip Country 30 Zip Country

9. Name and Address of Current Registered Agent
MELAND, RICHARD A.
826 WEDGEWOOD
LAKELAND FL 33803

10. Name and Address of New Registered Agent
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 607.0502 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 _____ (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	P
NAME	BURDIN, JOHN
STREET ADDRESS	P.O. BOX 5335 N/A
CITY - ST - ZIP	LAKELAND FL 33807
TITLE	D
NAME	SUNDEY, WALLACE
STREET ADDRESS	223 SYLVIA CIR
CITY - ST - ZIP	LAKELAND FL 33813
TITLE	D
NAME	HOLDER, GEORGE
STREET ADDRESS	PO BOX 5901 N/A
CITY - ST - ZIP	LAKELAND FL
TITLE	T
NAME	HUNTER, ROBERT E
STREET ADDRESS	1924 E GACHET BLVD
CITY - ST - ZIP	LAKELAND FL
TITLE	V
NAME	HARDWICK, KELLY
STREET ADDRESS	860 LILA ST.
CITY - ST - ZIP	BARTOW FL
TITLE	D
NAME	NORTON, JAMES
STREET ADDRESS	3803 OLD HWY 37 #102
CITY - ST - ZIP	LAKELAND FL 33813

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SUNDEY WALLACE	
1.3 STREET ADDRESS	223 SYLVIA CIR.	
1.4 CITY - ST - ZIP	LAKELAND FL 33813	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SMITH, JAMES	
2.3 STREET ADDRESS	4505 FOREST DR.	
2.4 CITY - ST - ZIP	MULBERRY, FL 33860	
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	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MINTZ, WILLIAM	
4.3 STREET ADDRESS	1111 ELM SQUARE SOUTH	
4.4 CITY - ST - ZIP	LAKELAND, FL 33813	
5.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	KACHADURIAN, RICHARD	
5.3 STREET ADDRESS	5004 LANCELOT	
5.4 CITY - ST - ZIP	LAKELAND, FL 33813	
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 118.07(3)(k), 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *William Mintz* 1/30/95 (813) 626-6406
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE