

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 715974 (2)
1. Corporation Name
THE IMPERIAL RADIO CONTROL CLUB, INC.



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

3. Date Incorporated or Qualified **01/31/1969** 3a. Date of Last Report **02/06/1995**

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number	Applied For
	Suite, Apt. #, etc.	Suite, Apt. #, etc.		51-0205427	Not Applicable
22	City & State	City & State	27	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	Country	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	Country	29	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
			30		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MELAND, RICHARD A.
826 WEDGEWOOD
LAKELAND FL 33803**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, JAMES	1.2 NAME	
STREET ADDRESS	4505 FOREST DR.	1.3 STREET ADDRESS	
CITY - ST - ZIP	MULBERRY FL	1.4 CITY - ST - ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUNDEY, WALLACE	2.2 NAME	Miller, Doc
STREET ADDRESS	223 SYLVIA CIR	2.3 STREET ADDRESS	86 shadow LN.
CITY - ST - ZIP	LAKELAND FL	2.4 CITY - ST - ZIP	Lakeland FL 33813
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLDER, GEORGE	3.2 NAME	
STREET ADDRESS	PO BOX 5901 N/A	3.3 STREET ADDRESS	
CITY - ST - ZIP	LAKELAND FL	3.4 CITY - ST - ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MINTZ, WILLIAM	4.2 NAME	
STREET ADDRESS	111 ELM SQUARE SOUTH	4.3 STREET ADDRESS	
CITY - ST - ZIP	LAKELAND FL	4.4 CITY - ST - ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KACHADURIAN, RICHARD	5.2 NAME	Patterson, Charles
STREET ADDRESS	5004 LANCELOT	5.3 STREET ADDRESS	928 Forest Lake Dr.
CITY - ST - ZIP	LAKELAND FL	5.4 CITY - ST - ZIP	Lakeland FL 33809
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NORTON, JAMES	6.2 NAME	Burdin, John
STREET ADDRESS	3803 OLD HWY 37 #102	6.3 STREET ADDRESS	P.O. Box 5335
CITY - ST - ZIP	LAKELAND FL 33813	6.4 CITY - ST - ZIP	Lakeland, FL 33807

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 119.07(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 617, 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* **William Mintz** Treasurer **1/29/96** 941-646-4466
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)