

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Apr 29 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F71469 (3)**  
 1. Corporation Name  
**OLD PULLMAN MODEL RAILROADS, INC.**



Principal Place of Business <b>8195 25 ST                  VERO BCH. FL 32966-1336                  US</b>	Mailing Address <b>8195-25 ST                  VERO BCH. FL 32966-1336                  US</b>
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3. Date Incorporated or Qualified <b>03/18/1982</b>	3a. Date of Last Report <b>05/01/1996</b>
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2. Principal Place of Business 21 State, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 State, Apt. #, etc. 27 City & State 28 Zip Country	4. FEI Number <b>59-2171251</b>	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>HUG, BEAT W                  8195 25TH STREET                  VERO BCH. FL 32966-8338</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>PST</b> NAME: <b>HUG, BEAT</b> STREET ADDRESS: <b>8195-25 ST</b> CITY-ST-ZIP: <b>VERO BCH. FL</b> <input type="checkbox"/> DELETE		1.1 TITLE: <b>V</b> 1.2 NAME: <b>PEREZ ALONSO, RHINA E.</b> 1.3 STREET ADDRESS: <b>8195-25 St.</b> 1.4 CITY-ST-ZIP: <b>Vero Beach, FL</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <b>V</b> NAME: <b>BUCHHOLZ, ANITA H</b> STREET ADDRESS: <b>1850 E HOMEWOOD BLVD</b> CITY-ST-ZIP: <b>DELRAY BEACH FL</b> <input checked="" type="checkbox"/> DELETE		2.1 TITLE: 2.2 NAME: 2.3 STREET ADDRESS: 2.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> DELETE	3.1 TITLE: 3.2 NAME: 3.3 STREET ADDRESS: 3.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> DELETE	4.1 TITLE: 4.2 NAME: 4.3 STREET ADDRESS: 4.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> DELETE	5.1 TITLE: 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> DELETE	6.1 TITLE: 6.2 NAME: 6.3 STREET ADDRESS: 6.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 included 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** *Beat W. Hug* **Beat W. Hug** **April 22, 1997** **(561) 562-1480**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
 011162

CR2E034 (9/96)