

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **G38386** (0)

1. Corporation Name

**GOLD COAST RAILROAD MUSEUM, INC.**

Principal Place of Business

**12450 SW 152ND STREET  
MIAMI FL 33177**

Mailing Address

**12450 SW 152ND STREET  
MIAMI FL 33177**



3. Date Incorporated or Qualified

**05/10/1983**

3a. Date of Last Report

**02/09/1995**

4. FEI Number

**59-6136069**

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**

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

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PECK, JAMES  
475 BUILTMOORE WAY  
#303  
CORAL GABLES FL 33134**

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 to whom applicable

(NOTE: Registered Agent signature required when reappointing)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VD** ☒ DELETE  
NAME **BENDA, GALEN**  
STREET ADDRESS **12450 SW 152ND ST.**  
CITY-ST-ZIP **MIAMI FL 33177**

TITLE **PD** ☐ DELETE  
NAME **GREER, CORNELIA**  
STREET ADDRESS **12450 SW 152ND STREET**  
CITY-ST-ZIP **MIAMI FL**

TITLE **T** ☐ DELETE  
NAME **WILLISON, ROBERT**  
STREET ADDRESS **12450 SW 152ND ST**  
CITY-ST-ZIP **MIAMI FL**

TITLE **S** ☒ DELETE  
NAME **DOWNING, JOHN**  
STREET ADDRESS **10436 SW 76TH STREET**  
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ DELETE  
NAME **MCLRAW, JOHN**  
STREET ADDRESS **152 SW 12150**  
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ DELETE  
NAME **PECK, JAMES**  
STREET ADDRESS **12450 SW 152ND STREET**  
CITY-ST-ZIP **MIAMI FL**

1.1 TITLE **JOHN HALLMAO (0)** ☐ Change ☒ Addition  
1.2 NAME  
1.3 STREET ADDRESS **12450 S.W. 152 ST**  
1.4 CITY-ST-ZIP **MIAMI FL**

2.1 TITLE **P** ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE **CARLTON DUKAN** ☒ Change ☒ Addition  
4.2 NAME  
4.3 STREET ADDRESS **12450 SW 152 ST**  
4.4 CITY-ST-ZIP **MIAMI, FL 33177**

5.1 TITLE **JOHN MCLARAN** ☒ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS **12450 S.W. 152 ST.**  
5.4 CITY-ST-ZIP **MIAMI, FL. 33177**

6.1 TITLE ☐ Change ☐ 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 119.07(3)(k), 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 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 B. Willison**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ROBERT B. WILLISON 6/24/96 407-238-6408**  
Date Display Phone #

CR2E034 (3/96)