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FILED

Mar 03 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Northcutt
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N11740 (0)

1. Corporation Name

CORAL SPRINGS ROAD RUNNERS RADIO CONTROL CAR CLUB INC.

Principal Place of Business

Mailing Address

P.O. BOX 9632
CORAL SPRINGS FL 33075P.O. BOX 9632
CORAL SPRINGS FL 33075-96323. Date Incorporated or Qualified
09/17/19853a. Date of Last Report
04/17/1996

4. FEI Number

59-2738752

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes



No

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROSENBLOOM, MARTIN S.
7809 W. COMMERCIAL BLVD.
TAMARAC FL 33351

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 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

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MCELVEY, TOM	
STREET ADDRESS	4461 HOLLY DR	
CITY - ST - ZIP	PALM BEACH FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CEPEK, MIKE	
STREET ADDRESS	207 NE 16 AVE	
CITY - ST - ZIP	POMPANO BEACH FL	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	

TITLE	V.P.	<input checked="" type="checkbox"/> DELETE
NAME	APPLEGATE, MARK	
STREET ADDRESS	7816 SW 6 ST	
CITY - ST - ZIP	NORTH LAUDERDALE FL	

3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	VARNER, CHRIS
3.3 STREET ADDRESS	942 NE 24 QUE
3.4 CITY - ST - ZIP	POMPANO BEACH, FL 33062

TITLE	ST	<input type="checkbox"/> DELETE
NAME	SCHWARTZ, RICHARD K.	
STREET ADDRESS	2153 N.W. 115 LANE	
CITY - ST - ZIP	CORAL SPRINGS FL	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	

TITLE	P	<input type="checkbox"/> DELETE
NAME	JOHN, ARGENTONO	
STREET ADDRESS	924 JOHNSON ST	
CITY - ST - ZIP	HOLLYWOOD FL	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
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 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 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:

Richard K. Schwartz 11/17/97
954-384-1983

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 954-384-1983

CR2E037 (9/96)