

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000072300

1. Corporation Name

MODEL TRAIN STATION, INC.

Principal Place of Business

3526 SE 19TH AVE.
CAPE CORAL FL 33904

Mailing Address

3526 SE 19TH AVE.
CAPE CORAL FL 33904

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90093 020 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/20/1997

4. FEI Number

65-0795060

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

AMBURN, JAMES W
C/OEURO-AMERIAH FINANCIAL
5117 CASTELLO DR, STE 1
NAPLES FL 34103

10. Name and Address of New Registered Agent

81 Name Gerald Feil
82 Street Address (P.O. Box Number is Not Acceptable)
1388 Colonial Blvd.
83
84 City Fort Myers FL 85 Zip 33907

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Gerald Feil

01-06-1999

12. OFFICERS AND DIRECTORS

TITLE DPST ☐ DELETE
NAME FEIL, GERALD
STREET ADDRESS TEGGINGER STR. 10, 78315 RADOLFZELL AM
CITY-ST-ZIP BODENSEE, GERMANY

TITLE DV ☐ DELETE
NAME FEIL, ANDREA
STREET ADDRESS TEGGINGER STR. 10, 78315 RADOLFZELL AM
CITY-ST-ZIP BODENSEE, GERMANY

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 3526 S.E. 19th Ave
1.4 CITY-ST-ZIP Cape Coral FL 33904

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 3526 S.E. 19th Ave
2.4 CITY-ST-ZIP Cape Coral FL 33904

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

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01-06-99 941-939 5112

CR2E034 (1/98)