


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

**FILED**  
**Mar 17, 1999 8:00 am**  
**Secretary of State**

03-17-1999 90157 001 \*\*\*150.00

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<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P97000092979</b> 1. Corporation Name <b>RAIL CONCEPTS, INC.</b>					
Principal Place of Business <b>2110 GENOVA DRIVE OVIEDO FL 32765-7226</b>			Mailing Address <b>2110 GENOVA DRIVE OVIEDO FL 32765-7226</b>		
2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified <b>10/28/1997</b>	
Suite, Apt. #, etc 22		Suite, Apt. #, etc 27		4. FEI Number <b>APPLIED FOR 59-3509999</b>	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip 24		Zip 29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Country 25		Country 30		7. This corporation owes the current year intangible Personal Property Tax <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>SANFORD, BRIAN J 2110 GENOVA DRIVE OVIEDO FL 32765-7226</b>			10. Name and Address of New Registered Agent		
			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City		
			85 Zip Code		
			<b>FL</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
11 TITLE <input type="checkbox"/> DELETE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
NAME <b>SANFORD, BRIAN J</b>					
STREET ADDRESS <b>2110 GENOVA DRIVE</b>					
CITY-ST-ZIP <b>OVIEDO FL 32765-7226</b>					
21 TITLE <input type="checkbox"/> DELETE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
NAME <b>PS</b>					
STREET ADDRESS <b>BRIAN J SANFORD</b>					
CITY-ST-ZIP <b>2110 GENOVA DR</b>					
22 TITLE <input type="checkbox"/> DELETE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
NAME <b>VT</b>					
STREET ADDRESS <b>WILLIAM J COUTURE</b>					
CITY-ST-ZIP <b>652 ROCHESTER ST</b>					
23 TITLE <input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME <b>OVIEDO, FL 32765</b>					
STREET ADDRESS					
CITY-ST-ZIP					
24 TITLE <input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME					
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25 TITLE <input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
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26 TITLE <input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
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28 TITLE <input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
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29 TITLE <input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
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30 TITLE <input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					

SIGNATURE:

*Brian J Sanford* BRIAN J SANFORD

3-15-99

Date

407  
349-9882

Daytime Phone #

CR2E034 (11/98)