


FILE NOW: FILING FEE IS \$61.25

FILED

**Jan 20 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 733882 (5)
 1. Corporation Name
SARASOTA MODEL RAILROAD CLUB, INC.



Principal Place of Business 6730 G 15TH ST E SARASOTA FL 34243 US	Mailing Address P O BOX 239 TALLEYAST FL 34270-0239 US
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3. Date Incorporated or Qualified 09/22/1975		
4. FEI Number 59-2828318	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
23. City & State	27. City & State
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent
BEATTY, JAMES M
5452 BENEVA WOODS CIR
SARASOTA FL 34233

10. Name and Address of New Registered Agent

81 Name GOBB, WILLIAM E.	
82 Street Address (P.O. Box Number is Not Acceptable) 1687 BAYSHORE DRIVE	
83	
84 City ENGLEWOOD FL	85 Zip Code 34223

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: W. E. Gobb **TREASURER & DIRECTOR 1/6/98**
 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 PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DERR, JAMES A		1.2 NAME CLARK, JOHN	
STREET ADDRESS 2920 HOMASSASSA RD		1.3 STREET ADDRESS 6379 RAVENWOOD WAY	
CITY-ST-ZIP SARASOTA FL		1.4 CITY-ST-ZIP SARASOTA FL.	
TITLE VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME CLARK, JOHN		2.2 NAME DOHERTY, JAMES H	
STREET ADDRESS 6379 RAVENWOOD WAY		2.3 STREET ADDRESS 19505 GUESARD AVE #202	
CITY-ST-ZIP SARASOTA FL		2.4 CITY-ST-ZIP PORT CHARLOTTE, FL 34948	
TITLE SD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CIOFFI, DANIEL		3.2 NAME	
STREET ADDRESS 3516 6TH PLACE W		3.3 STREET ADDRESS	
CITY-ST-ZIP PALMETTO FL		3.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PLACE, H M III		4.2 NAME	
STREET ADDRESS 1548 WHITMAN PLACE		4.3 STREET ADDRESS	
CITY-ST-ZIP SARASOTA FL		4.4 CITY-ST-ZIP	
TITLE TD	<input type="checkbox"/> DELETE	5.1 TITLE TD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BEATTY, JAMES M		5.2 NAME GOBB, WILLIAM E	
STREET ADDRESS 5452 BENEVA WOODS CIR		5.3 STREET ADDRESS 1687 BAYSHORE DRIVE	
CITY-ST-ZIP SARASOTA FL		5.4 CITY-ST-ZIP ENGLEWOOD, FL 34223	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: W. E. Gobb **1/6/98** **415-5061**

CR2E037 (10/97)