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Feb 22, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 733882

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 TALLEVAST FL 34270-0239 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 09/22/1975
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2828318
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

GUBB, WILLIAM E
1687 BAYSHORE DR
ENGLEWOOD FL 34223

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CLARK, JOHN	
STREET ADDRESS	6379 RAVENWOOD WAY	
CITY-ST-ZIP	SARASOTA FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	CIOFFI, DANIEL	
STREET ADDRESS	3516.6TH PLACE W	
CITY-ST-ZIP	PALMETTO FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	DOHERTY, JAMES M	
STREET ADDRESS	19505 QUESADA AVE #202	
CITY-ST-ZIP	PORT CHARLOTTE FL 34948	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	BEATTY, JAMES M	
STREET ADDRESS	5452 BENEVA WOODS CIR	
CITY-ST-ZIP	SARASOTA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GUBB, WILLIAM E.	
STREET ADDRESS	1687 BAYSHORE DR	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	50 <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DERR, JAMES
2.3 STREET ADDRESS	2920 BOHASSAS ROAD
2.4 CITY-ST-ZIP	SARASOTA, FL. 34239-1917
3.1 TITLE	VO <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	BRUCE ROYAL C.
3.3 STREET ADDRESS	PO BOX 239
3.4 CITY-ST-ZIP	TALLEVAST, FL. 34270-0239
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	GUBB
5.3 STREET ADDRESS	
5.4 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 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, with all other like empowered.

SIGNATURE: _____ DATE: 1-14-99 DAYTIME PHONE #: 475-5061

CR2E037 (11/98)