

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 11 1997 8:00am  
Secretary of State

|                                                       |                                                                                   |                                                                                                           |
|-------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|-------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

**DOCUMENT # 712555 (2)**

1. Corporation Name  
**AMERICAN-GERMAN CLUB, INC.**



|                                                                                 |                                                                              |
|---------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| Principal Place of Business<br><b>5111 LANTANA ROAD<br/>LAKE WORTH FL 33463</b> | Mailing Address<br><b>P. O. BOX 5376<br/>LAKE WORTH FL 33466-5376<br/>US</b> |
|---------------------------------------------------------------------------------|------------------------------------------------------------------------------|

|                                                        |                                              |
|--------------------------------------------------------|----------------------------------------------|
| 3. Date Incorporated or Qualified<br><b>04/07/1967</b> | 3a. Date of Last Report<br><b>03/27/1996</b> |
|--------------------------------------------------------|----------------------------------------------|

|                                                                                       |                                                                           |                                                            |
|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------|------------------------------------------------------------|
| 21. Principal Place of Business<br>Suite, Apt. #, etc.<br>City & State<br>Zip Country | 2a. Mailing Address<br>Suite, Apt. #, etc.<br>City & State<br>Zip Country | 26. Applied For<br><input type="checkbox"/> Not Applicable |
|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------|------------------------------------------------------------|

|                                                                                                                    |                                                                                                                                                  |
|--------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| 4. FEI Number<br><b>59-1872564</b>                                                                                 | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                  |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |

9. Name and Address of Current Registered Agent

**FOSTER, THOMAS  
27 FOREST HILLS CLANE  
BOCA RATON FL 33431**

10. Name and Address of New Registered Agent

|                                                       |             |
|-------------------------------------------------------|-------------|
| 81 Name                                               | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83                                                    |             |
| 84 City                                               | <b>FL</b>   |

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]* (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS |                                          | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | <b>S</b> <input type="checkbox"/> DELETE | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>RUBY, JOE</b>                         | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             | <b>6641 NW 22 COURT</b>                  | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | <b>MARGATE FL</b>                        | 1.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | <b>T</b> <input type="checkbox"/> DELETE | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>RINGER, SHIRLEY</b>                   | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             | <b>88 CUYAHOGA ROAD</b>                  | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | <b>LAKE WORTH FL</b>                     | 2.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>ENGELHARDT, HELGA</b>                 | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             | <b>6679 RIGGERS ROAD</b>                 | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | <b>LANTANA FL</b>                        | 3.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>NOTHELPER, KURT</b>                   | 4.2 NAME                                              |                                                                   |
| STREET ADDRESS             | <b>8146 AMBACH WAY</b>                   | 4.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | <b>LANTANA FL</b>                        | 4.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>SCHMITT, G.M.</b>                     | 5.2 NAME                                              |                                                                   |
| STREET ADDRESS             | <b>253 BRIER CIRCLE</b>                  | 5.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | <b>JUPITER FL</b>                        | 5.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>FREITER, KURT</b>                     | 6.2 NAME                                              |                                                                   |
| STREET ADDRESS             | <b>12710 HEADWATER CIRCLE</b>            | 6.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | <b>WEST PALM BEACH FL</b>                | 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: *[Signature]* DATE: **3/8/97** DAYTIME PHONE: **391-6408**

CP2E037 (9/96)