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Secretary of State

03-03-1999 90027 013 \*\*\*\*61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # 712555

1. Corporation Name

AMERICAN-GERMAN CLUB, INC.

152976-90027-13 6 \*

Principal Place of Business

5111 LANTANA ROAD  
LAKE WORTH FL 33463

Mailing Address

P. O. BOX 5376  
LAKE WORTH FL 33466-5376  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

30

3. Date Incorporated or Qualified

04/07/1967

4. FEI Number

59-1872564

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

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

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/20/99

12. OFFICERS AND DIRECTORS

TITLE S  DELETE

NAME RUBY, JOE  
STREET ADDRESS 6641 NW 22 COURT  
CITY-ST-ZIP MARGATE FL

T  DELETE

NAME RINGER, SHIRLEY  
STREET ADDRESS 88 CUYAHOGA ROAD  
CITY-ST-ZIP LAKE WORTH FL

D  DELETE

NAME SCHAFFHAOSER, JACK  
STREET ADDRESS 7273 CATALINA ISLE DRIVE  
CITY-ST-ZIP LAKE WORTH FL 33467

D  DELETE

NAME NOTHELPER, KURT  
STREET ADDRESS 8146 AMBACH WAY  
CITY-ST-ZIP LANTANA FL

D  DELETE

NAME SCHMITT, G.M.  
STREET ADDRESS 253 BRIER CIRCLE  
CITY-ST-ZIP JUPITER FL

D  DELETE

NAME MUELLER, WERNER  
STREET ADDRESS 8526 BRIAN BLVD  
CITY-ST-ZIP BOYNTON BEACH FL 33437

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DIRECTOR  Change  Addition

1.2 NAME WACKER, BRENT  
1.3 STREET ADDRESS 9392 PINTO DRIVE  
1.4 CITY-ST-ZIP LAKE WORTH, FL 33467

2.1 TITLE VICE-PRESIDENT  Change  Addition

2.2 NAME LAWRENCE TRAUTNER  
2.3 STREET ADDRESS 114 SE 35th AVE.  
2.4 CITY-ST-ZIP BOYNTON BEACH, FL 33426

3.1 TITLE DIR.  Change  Addition

3.2 NAME JOHN LUTERAN  
3.3 STREET ADDRESS 621 EAST DRIVE  
3.4 CITY-ST-ZIP DELRAY BEACH, FL 33445

4.1 TITLE DIRECTOR  Change  Addition

4.2 NAME ART BAOUN  
4.3 STREET ADDRESS 10311 E. TARA BLVD.  
4.4 CITY-ST-ZIP BOYNTON BEACH, FL 33437

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 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: *Thomas Foster* SIGNATURE REQUIRED: THOMAS FOSTER 1/20/99 561 967-6475

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)