## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## **DOCUMENT # 734466**

Country

1. Corporation Name

TRI-COUNTY BMW CLUB, INC.

Principal Place of Business 828 HANSEN STREET WEST PALM BEACH FL 33405

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28

Zip

828 HANSEN STREET WEST PALM BEACH FL 33405

## FILED Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90020 016 \*\*\*\*70.00

92458 - 90020 - 16 8 \*\*\*

Applied For Not Applicable

\$8.75 Additional

Fee Required

\$5.00 May Be



X

3. Date Incorporated or Qualifed 12/02/1975

5. Certificate of Status Desired

6. Election Campaign Financing

4. FEI Number ... 59-2513589

	25 29 30						Trust Fund Contribution	חכ	Added to	Fees
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent					
				81	Name					
CAMPBELL, CLARK K.					Street	Addross	(P.O. Box Number is Not	Accentable)		
828 HANSEN ST					Sueer	Addiess	(F.O. BOX NUMBER IS NO	· Acceptable)		
WEST PALM BEACH FL 33405										
TILOT IA	ITIN DEVOLLLE 20402						<u></u>			
				84			, , , , , , , , , , , , , , , , , , ,		FL	ode :
office or	registered agent, or both, in	ns 617.0502 and 617.1508, Florida Stanthe State of Florida. Such change wat the obligations of, Section 617.0503,	as authorized	i by i	the corpo	corporation's	tion submits this statemer board of directors. I here	t for the purpose by accept the a	se of changing its r appointment as reg	egistered istered
	Stonature typed or printed name of	registered agent and title if applicable. (N	IOTE: Registered	Acent	sionature n	recuired whi	en reinstating)	TAG	E	<del></del>
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Country

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.

MATURE: C/a & KSIGNATILE/E PEOULE ED LUC 1/5/99 561-588-3150

CR2E037 (11/98