

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N26864 (1)
1. Corporation Name
**TRI-COUNTY MITSUBISHI ADVERTISING ASSOCIATION, I
NC.**

Principal Place of Business Mailing Address
3720 NORTHLAKE BLVD. LAKE PARK FL 33403 **3720 NORTHLAKE BLVD. LAKE PARK FL 33403**

DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| 3. Date Incorporated or Qualified 06/08/1988 | 3a. Date of Last Report 06/28/1994 |
| 4. FEI Number 65-0061767 | Applied For <input type="checkbox"/> Not Applicable |
| 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/> | \$68.75 Supplemental Fee Not Required |
| 8. The corporation has liability for intangible tax under § 199.022, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--|---|
| 2. Principal Place of Business 21 Suite, Apt. #, etc 22 City & State 23 Zip 24 Country | 2a. Mailing Address 25 Suite, Apt. #, etc 27 City & State 28 Zip 29 Country |
|--|---|

9. Name and Address of Current Registered Agent
**BRYAN, JOHN L. JR.
4400 PGA BLVD.
SUITE 900
PALM BEACH GARDENS FL 33410**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature (typed or printed name of registered agent and filer if applicable) (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

| | |
|----------------|--------------------------------|
| TITLE | D |
| NAME | CHAMBERLAIN, BILL |
| STREET ADDRESS | 2755 S. FEDERAL HWY. |
| CITY ST ZIP | STUART FL |
| TITLE | PTD |
| NAME | MORAN, WILLIAM |
| STREET ADDRESS | 3720 NORTHLAKE BLVD. |
| CITY ST ZIP | LAKE PARK FL |
| TITLE | D |
| NAME | LANG, IRA |
| STREET ADDRESS | 2225 S. FEDERAL HIGHWAY |
| CITY ST ZIP | DELRAY BEACH FL |
| TITLE | D |
| NAME | CUILLO, ROBERT |
| STREET ADDRESS | 2300 OKEECHOBEE BLVD. |
| CITY ST ZIP | WEST PALM BEACH FL |
| TITLE | D |
| NAME | SHERMAN, ROBERT |
| STREET ADDRESS | 1850 S. U.S. HWY. |
| CITY ST ZIP | FT. PIERCE FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY ST ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|-------------------|---|
| 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | |
| 13 STREET ADDRESS | |
| 14 CITY ST ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 21 TITLE | |
| 22 NAME | |
| 23 STREET ADDRESS | |
| 24 CITY ST ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 31 TITLE | |
| 32 NAME | |
| 33 STREET ADDRESS | |
| 34 CITY ST ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 41 TITLE | |
| 42 NAME | |
| 43 STREET ADDRESS | |
| 44 CITY ST ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 51 TITLE | |
| 52 NAME | |
| 53 STREET ADDRESS | |
| 54 CITY ST ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 61 TITLE | |
| 62 NAME | |
| 63 STREET ADDRESS | |
| 64 CITY ST ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(2)(k), 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: *William A. Moran* 4-26-95 407-622-8220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date District Number

WILLIAM A MORAN