

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2004 08:00 AM
Secretary of State

DOCUMENT # N26864

1. Entity Name
**TRI-COUNTY MITSUBISHI ADVERTISING ASSOCIATION,
INC.**



Principal Place of Business
**2255 S. FEDERAL HIGHWAY
DELRAY BEACH, FL 33483**

Mailing Address
**2255 S. FEDERAL HIGHWAY
DELRAY BEACH, FL 33483**

DO NOT WRITE IN THIS SPACE



01162004 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0061767

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KEHRES, GRANT W
2000 GLADES ROAD
SUITE 302
BOCA RATON, FL 33431**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
LANG, IRA
2255 SOUTH FEDERAL HWY.
DELRAY BEACH, FL 33483**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PDT
SCHUMACHER, CHUCK
3720 NORTHLAKE BLVD
LAKE PARK, FL 33403**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
RALPH, DONALD
2345 OKEECHOBEE BLVD.
WEST PALM BEACH, FL 33407**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
O'NEAL, NIKI
2695 SE FEDERAL HWY
STUART, FL 34994**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000021235
01/29/04-80101-002 \$1.25

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF FINANCING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/26/04

561-276 7800