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**FILED**  
**May 17, 1999 8:00 am**  
**Secretary of State**

05-17-1999 90031 039 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # F98000006570

1. Corporation Name  
**THE TOWN AND COUNTRY HOLDING CORPORATION II**



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
 100 S. CHARLES ST. SUITE 1700 100 S. CHARLES ST. SUITE 1700  
 BALTIMORE MD 21201 BALTIMORE MD 21201

3. Date Incorporated or Qualified  
**11/24/1998**

4. FEI Number Applied For  
**52-1860245** 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

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE  DELETE

NAME **C LERNER, ALFRED**

STREET ADDRESS **100 S. CHARLES ST, SUITE 1700**

CITY-ST-ZIP **BALTIMORE MD 21201**

TITLE  DELETE

NAME **PD SCHULWEIS, HARVEY**

STREET ADDRESS **100 S. CHARLES ST, SUITE 1700**

CITY-ST-ZIP **BALTIMORE MD 21201**

TITLE  DELETE

NAME **V ROSEN, MICHAEL H**

STREET ADDRESS **100 S. CHARLES ST, SUITE 1700**

CITY-ST-ZIP **BALTIMORE MD 21201**

TITLE  DELETE

NAME **T MUNCH, JENNIFER C**

STREET ADDRESS **100 S. CHARLES ST, SUITE 1700**

CITY-ST-ZIP **BALTIMORE MD 21201**

TITLE  DELETE

NAME **D BERICK, JAMES H**

STREET ADDRESS **1350 EATON CENTER, 1111 SUPERIOR AVE**

CITY-ST-ZIP **CLEVELAND OH 44114**

TITLE  DELETE

NAME **S BERICK, DANIEL G**

STREET ADDRESS **1350 EATON CENTER, 1111 SUPERIOR AVE**

CITY-ST-ZIP **CLEVELAND OH 44114**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change  Addition

1.1 TITLE  Change  Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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 607, 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: SIGNATURE REQUIRED 4/27/99 (410) 589-7600  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)