FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 1:15

DOCUMENT # N94000005127 (5)

1. Corporation Name
THE COUNTY LINE BUSINESS AND PROFESSIONAL GROUP, INC.

Principal Place of Business	Mailing Address
200 EAST PALMETTO PARK ROAD BOCA RATON FL 33432	200 EAST PALMETTO PARK ROAD BOCA RATON FL 33432

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/14/1994
3a. Date of Last Report:
4. FEI Number: 65-0522336 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
City & State (23)	City & State (28)	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	$68.75 Supplemental Fee Not Required
Zip (24) / Country (25)	Zip (29) / Country (30)	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
RUSSELL, RICHARD S 200 EAST PALMETTO PARK ROAD BOCA RATON FL 33432	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 title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	KRONES, MICHAEL	12 NAME	
STREET ADDRESS	2701 NORTHEAST 2ND COURT	13 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33431	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	LOWNDES, JENNIFER	22 NAME	
STREET ADDRESS	3100 SOUTH DIXIE HIGHWAY C-50	23 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33421	24 CITY-ST-ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	HARRIS, ALEXANDRA M	32 NAME	
STREET ADDRESS	757 SIESTA KEY TRAIL 1116	33 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	34 CITY-ST-ZIP	
TITLE	SD	41 TITLE	☐ Change ☐ Addition
NAME	BYRNES, JAMES J	42 NAME	
STREET ADDRESS	245 SOUTH COUNTRY CLUB BLVD.	43 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33487	44 CITY-ST-ZIP	
TITLE	TD	51 TITLE	☐ Change ☐ Addition
NAME	JAMES, RANDOLPH	52 NAME	
STREET ADDRESS	4901 NORTHWEST 4TH AVENUE	53 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33431	54 CITY-ST-ZIP	
TITLE	S	61 TITLE	☐ Change ☐ Addition
NAME	DURHAM, CHRIS	62 NAME	REMITTED BY MAY 1
STREET ADDRESS	2701 NORTHEAST 2ND COURT	63 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33431	64 CITY-ST-ZIP	

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 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.

SIGNATURE: _____ 4/12/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

RANDOLPH H. JAMES, TREASURER

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