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Apr 29 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000005127 (5)**

1. Corporation Name

**THE COUNTY LINE BUSINESS AND PROFESSIONAL GROUP,  
INC.**

Principal Place of Business

Mailing Address

P.O. BOX 27-0051  
BOCA RATON FL 33427  
US

P.O. BOX 27-0051  
BOCA RATON FL 33427  
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/14/1994

4. FEI Number

65-0522336

Applied For

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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 PD  
NAME KRONES, MICHAEL  
STREET ADDRESS 2701 NORTHEAST 2ND COURT  
CITY-ST-ZIP BOCA RATON FL 33431

TITLE VD  
NAME HARRIS, ALEXANDRA M  
STREET ADDRESS 757 SIESTA KEY TRAIL 1118  
CITY-ST-ZIP DEERFIELD BEACH FL 33441

TITLE SD  
NAME BYRNES, JAMES J  
STREET ADDRESS 245 SOUTH COUNTRY CLUB BLVD.  
CITY-ST-ZIP BOCA RATON FL 33487

TITLE TD  
NAME JAMES, RANDOLPH  
STREET ADDRESS 4801 NORTHWEST 4TH AVENUE  
CITY-ST-ZIP BOCA RATON FL 33431

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD  
1.2 NAME RICHARD RAMUS  
1.3 STREET ADDRESS 20448 SAN RAFAEL COURT  
1.4 CITY-ST-ZIP BOCA RATON, FL 33498

2.1 TITLE VD  
2.2 NAME NEAL GORIN  
2.3 STREET ADDRESS 311 CITY VIEW DRIVE  
2.4 CITY-ST-ZIP FT. LAUDERDALE, FL 33311

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, changed or in an attachment to this address.

SIGNATURE: *RANDOLPH JAMES* 4/2/98 561-338-0028

CR2E037 (10/97)