

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90001 011 ****61.25

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1. Corporation Name

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

Principal Place of Business

P.O. BOX 27-6051
BOCA RATON FL 33427
US

Mailing Address

P.O. BOX 27-6051
BOCA RATON FL 33427
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

10/14/1994

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

65-0522336

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

24

25

29

30

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 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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **PD
RAMUS, RICHARD**
STREET ADDRESS **20448 SAN RAFAEL CT**
CITY-ST-ZIP **BOCA RATON FL 33498**

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS **10319 SUNSET BEND DRIVE**
1.4 CITY-ST-ZIP **BOCA RATON, FL 33428**

TITLE ☒ DELETE

NAME **VD
GORIN, NEAL**
STREET ADDRESS **311 CITY VIEW DR**
CITY-ST-ZIP **FT. LAUDERDALE FL 33311**

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME **VD FRED ZEINSCAK**
2.3 STREET ADDRESS **227 MIRAMAR WAY**
2.4 CITY-ST-ZIP **WEST PALM BCH, FL 33405**

TITLE ☒ DELETE

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

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME **SD ALEXANDRA M. HARRIS**
3.3 STREET ADDRESS **237 GEORGE BUSH BLVD**
3.4 CITY-ST-ZIP **DELRAY BCH, FL 33444**

TITLE ☐ DELETE

NAME **TD
JAMES, RANDOLPH**
STREET ADDRESS **4901 NORTHWEST 4TH AVENUE**
CITY-ST-ZIP **BOCA RATON FL 33431**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
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 617, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/10/99 561-338-0028

CR2E037 (11/98)