

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Apr 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90113 033 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
 1999



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

DOCUMENT # P97000043870

1. Corporation Name  
**CONGO CAFE, INC.**



Principal Place of Business  
 % BINGO JUNGLE  
 750 E. SAMPLE ROAD  
 POMPANO BEACH FL 33064

Mailing Address  
 % BINGO JUNGLE  
 750 E. SAMPLE ROAD  
 POMPANO BEACH FL 33064

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**05/14/1997**

4. FEI Number  
**65-0758366**

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  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip  
 24 Country

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip  
 29 Country

9. Name and Address of Current Registered Agent  
**YOUNG, THOMAS**  
**3940 N.W. 5TH STREET**  
**COCONUT CREEK FL 33066**

10. Name and Address of New Registered Agent  
 81 Name **BETTY WILKINS**  
 82 Street Address (P.O. Box Number is Not Acceptable) **150 EXPRESS CLUB DR. # 501**  
 83  
 84 City **POMPANO BEACH** FL 85 Zip Code **33066**

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 Betty Wilkins **BETTY WILKINS PRES.** DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>YOUNG, THOMAS</b>	
STREET ADDRESS	<b>3940 N.W. 5TH STREET</b>	
CITY-ST-ZIP	<b>COCONUT CREEK FL 33064</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>PIERANDOZZI, LINDA</b>	
STREET ADDRESS	<b>266 N.W. 41ST WAY</b>	
CITY-ST-ZIP	<b>DEERFIELD BEACH FL 33342</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>D.P. BETTY WILKINS</b>
1.3 STREET ADDRESS	<b>150 EXPRESS CLUB DR. # 501</b>
1.4 CITY-ST-ZIP	<b>POMPANO BEACH FL. 33066</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Betty Wilkins **BETTY WILKINS** DATE **4-8-99** DAYTIME PHONE # **783-2967**  
Signature, typed or printed name of signing officer or director

CR2E034 (11/98)