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May 16 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 283977 (7)

1. Corporation Name  
CONGRESS TEN PINS, INC.



Principal Place of Business  
6917 COLLINS AVENUE  
MIAMI BEACH FL 33141

Mailing Address  
6917 COLLINS AVENUE  
MIAMI BEACH FL 33141-3263

3. Date Incorporated or Qualified  
08/05/1964

3a. Date of Last Report  
08/08/1996

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
2a. Mailing Address  
26 Suite, Apt. #, etc.

22 City & State  
27 City & State

23 Zip  
24 Country  
25 Country  
28 Zip  
29 Country  
30 Country

4. FEI Number  
59-1054538

Applied For  
Not Applicable

5. Certificate of Status Desired  
6. Election Campaign Financing  
Trust Fund Contribution

\$8.75 Additional  
Fee Required

\$5.00 May Be  
Added to Fees

6. 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

NESTOR, BRENDA  
6917 COLLINS AVENUE  
SUITE 1611  
MIAMI BEACH FL 33141

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code

FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDCE	1.1 TITLE	Change Addition
NAME	POSNER, VICTOR	1.2 NAME	
STREET ADDRESS	6917 COLLINS AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH, FL 00000	1.4 CITY-ST-ZIP	33141
TITLE	C	2.1 TITLE	Change Addition
NAME	STRASSBERG, BLANCHE	2.2 NAME	Launer, Blanche S.
STREET ADDRESS	6917 COLLINS AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH, FL 00000	2.4 CITY-ST-ZIP	33141
TITLE	EDST	3.1 TITLE	Change Addition
NAME	NESTOR, BRENDA	3.2 NAME	
STREET ADDRESS	6917 COLLINS AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33141	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	Change Addition
NAME	MOTTRAM, LISA	4.2 NAME	Field, Lisa M.
STREET ADDRESS	6917 COLLINS AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33141	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	Change Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Sandra B. Mortham*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/97 (305) 866-7272

CR2E034 (9/96)