

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 9:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F14640**

(9)

1. Corporation Name

CONGRESS REALTY, INC.

Principal Place of Business

**3601 N. 33RD TERRACE
HOLLYWOOD FL 33021**

Mailing Address

**3601 N. 33RD TERRACE
HOLLYWOOD FL 33021**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified
01/13/1981

3b. Date of Last Report
04/27/1994

2. Principal Place of Business

21

2a. Mailing Address

26

4. FID Number

59-2069955

Applied For

Not Applicable

State Apt. # etc.

22

State Apt. # etc.

27

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

23

City & State

28

6. Election Campaign Financing

☐ \$5.00 May Be
Added to Fees

Trust Fund Contribution

☐

8. Does corporation have liability for intangible tax under S. 199.09?

Florida Statutes

☒ Yes

☐ No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LOFF&HIRSCHBERG CPA PA
1558 NE 162 ST.
NORTH MIAMI BEACH FL 33162**

81 Name

82 Street Address of New Registered Agent

83

84 City

FL

85

Zip Code

11. I, the undersigned, being a duly qualified officer or director of the corporation, hereby certify that the foregoing is a true and correct statement of the corporation's status for the purpose of changing its registered office to the address specified in this report as required by the Florida Statutes. This certification is made by the undersigned in accordance with the provisions of the Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

NAME

**P
ORLAN, PAUL
3601 N. 33RD TERRACE
HOLLYWOOD FL**

ADDRESS

CITY

STATE

ZIP

NAME

**S
SCHNEIDER, GERALD
3370 BEAU RIVAGE DR. A-3
POMPANO BEACH FL**

ADDRESS

CITY

STATE

ZIP

NAME

ADDRESS

CITY

STATE

ZIP

NAME

ADDRESS

CITY

STATE

ZIP

NAME

ADDRESS

CITY

STATE

ZIP

NAME

ADDRESS

CITY

STATE

ZIP

NAME

ADDRESS

CITY

STATE

ZIP

NAME

ADDRESS

CITY

STATE

ZIP

NAME

ADDRESS

CITY

STATE

ZIP

NAME

ADDRESS

CITY

STATE

ZIP

NAME

ADDRESS

CITY

STATE

ZIP

NAME

ADDRESS

CITY

STATE

ZIP

NAME

ADDRESS

CITY

STATE

ZIP

NAME

ADDRESS

CITY

STATE

ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR