FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # **J59166** **(5)**

1. Corporation Name

CONGRESS VENTURE ONE, INC.

Principal Place of Business	Mailing Address
% RICHARD S. JOHNSON 505 S FLAGLER DR #1313 W PALM BCH FL 33401	% RICHARD S. JOHNSON 505 S FLAGLER DR #1313 W PALM BCH FL 33401

3. Date Incorporated or Qualified: **02/26/1987**
3a. Date of Last Report: **04/26/1995**

2. Principal Place of Business
21 **3300 PGA BLVD**
22 Suite, Apt. #, etc. **STE 620**
23 City & State **PALM BEACH GARDENS FL**
24 Zip **33410-2811** 25 Country **USA**

2a. Mailing Address
26 **3300 PGA BLVD**
27 Suite, Apt. #, etc. **STE 620**
28 City & State **PALM BEACH GARDENS FL**
29 Zip **33410-2811** 30 Country **USA**

4. FEI Number: **59-2773726** ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

JOHNSON, RICHARD S.
505 S FLAGLER DR #1313
SUITE 600
W PALM BCH FL 33401

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) **3300 PGA BLVD STE 620**
83
84 City **PALM BEACH GARDENS** **FL** 85 Zip Code **33410**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent's signature required when reinstating.

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHNSON, RICHARD S. 505 S FLAGLER DR, S 1313 W PALM BCH, FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHNSON, RICHARD S., JR. 505 S FLAGLER DR, S 1300 W PALM BCH, FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COWIE, PETER V. 1645 PALM BEACH LAKES BLVD STE. 420 W PALM BCH, FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	3300 PGA BLVD STE 620 PALM BEACH GARDENS FL 33410-2811	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCINTOSH, ROBERT A. 1645 PALM BEACH LAKES BLVD., STE 420 W PALM BEACH FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	3300 PGA BLVD STE 620 PALM BEACH GARDENS FL 33410-2811	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	800001847508 -06/03/96--01028--018 ***200.00	☐ Change ☐ Addition

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 added on an attachment with an address.

SIGNATURE: _____ 4-25-96 (407) 775-7393
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

PETER V. COWIE