

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED

99 DEC 21 PM 1:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N37748

1. Corporation Name

CONGRESS OFFICE PARK PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

5440 Morehouse Dr. #4000
San Diego, CA 92121

5440 Morehouse Dr. #4000
San Diego, CA 92121

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	April 20, 1990
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-2798567
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/>
23	28	\$8.75 Additional Fee Required
Zip	Zip	6. Election Campaign Financing <input type="checkbox"/>
24	29	Trust Fund Contribution <input type="checkbox"/>
Country	Country	\$5.00 May Be Added to Fees
25	30	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Daniel S. Catalfumo
4300 Catalfumo Way
Palm Beach Gardens, FL 33410

81 Name ~~PARACORP INCORPORATED~~
82 Street Address (P.O. Box Number is Not Acceptable)
236 East 6th Avenue
83
84 City Tallahassee, FL 85 Zip Code 32303

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 Daniel S. Catalfumo PARACORP INCORPORATED, ASSISTANT SECRETARY 12/13/99
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	Director, President, Secretary <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Director, President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Daniel S. Catalfumo	1.2 NAME	David Wick
STREET ADDRESS	4300 Catalfumo Way	1.3 STREET ADDRESS	5440 Morehouse Dr. Ste 4000
CITY-ST-ZIP	Palm Beach Gardens, FL 33410	1.4 CITY-ST-ZIP	San Diego, CA 92121
TITLE	Treasurer <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Director, Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Daniel S. Catalfumo	2.2 NAME	Karen Aquino
STREET ADDRESS	4300 Catalfumo Way	2.3 STREET ADDRESS	5440 Morehouse Dr. Ste 4000
CITY-ST-ZIP	Palm Beach Gardens, FL 33410 <input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	San Diego, CA 92121
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	Director, Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	J. Randolph Liebler, Esq.
STREET ADDRESS		3.3 STREET ADDRESS	100 Southwest Second Street
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Miami, FL 33131
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	900003082309--1
STREET ADDRESS		4.3 STREET ADDRESS	-12/28/99--01076--002
CITY-ST-ZIP		4.4 CITY-ST-ZIP	*****61.25 *****61.25
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: David Wick David Wick, Director 12/8/99 858 623-9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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