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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P96000032043

REGENT CONGRESS I CORPORATION

Principal Place of Business	Mailing Address			
15	3710 NORTH 37TH TERRACE			
3710 NORTH 37TH TERRACE HOLLYWOOD FL 33021	HOLLYWOOD FL 33021			

FILED Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90133 030 ***150.00



rincipal Place of	f Business	Mailing Addres				}					
1710 NORTH 37TH TERRACE HOLLYWOOD FL 33021		3710 NORTH 37TH TERRACE HOLLYWOOD FL 33021				DO NOT WI	RITE IN THIS	SPACE			
					3. Date Incorporated or Qualifed					ļ	
						1 1	04/12/1996			Applied	For
		2a. Mailing Ad	dress				FEI Number				olicable
. Principal Plac	e of Business	26					<u>65-0669797 </u>		- \$8.75		
Suite, Apt. #,	etc	Suite, Apt.	#, etc.			5.	Certifcate of Status Desired			Require	
٠		27				+	Election Campaign Financir		\$5.0	 0 мау	Be
City & State		City & Sta	ite				Trust Fund Contribution	" ⁹ 🗆	Adde	d to Fe	es
3		28		Country			This corporation owes the c	current year Ir	tangible	σ.	
Zip	Country	Zip	30	-			Personal Property Tax.		L Yes_		<u> </u>
1	25	29 Age		<u> </u>		10.	Name and Address of Ne	w Registered	Agent_		
	9. Name and Address of Current	Registered Age		81	Name						
CHITIS	S, LEO			82	Street Addr	ress (P	O. Box Number is Not Acco	eptable)			
3710	NORTH 37TH TERRACE			02							
HOLLYWOOD FL 33021											
11000				84	City			F	85 Z	ip Cod	e
	the provisions of Sections 607.050			-	1			_—— <u> </u>		its rec	istered
agent. I an	1 (21)						n submits this statement for oard of directors. I hereby a				
agent. i an	gistered agent, or both, in the State in familiar with, and accept the obligation Signature, typed or printed name of registered agen	nt and title if applicable.		Registered Age	ent signature require			DATE	AND DIREC	CTORS	IN 12
agent. i an	Signature, typed or printed name of registered aget	nt and title if applicable.	(NOTE: F	Registered Agr	ent signature require		<u></u>	DATE		CTORS	IN 12
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indicated on this annual report of supplemental affiliative poor is use and account this report as required or director of the corporation of the receiver or flustee empowered to execute this report as required block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered. (954)922-4311 X201

SIGNATURE: