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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000036412

CONGRESS INVESTMENTS INC

Principal Place	e of Business	Mailing Address			T (BALLANT SIN INIT) IN THE STATE AND IT AND IT SHOWN ON	186 (1116 Alili Alan t	1010 1101 tomi
4469 S CONGRESS AVENUE		7549 BRUNSON CIRCLE					
112 & 113		LAKE WORTH FL 33467		DO NOT WRITE IN TH	IIS SPACE		
LAKE WORTH FL 33461					3. Date incorporated or Qualifed	113 SFACE	
US					04/23/1997		
2.0: 1.0	- f Dusiness	2a. Mailing Address			4. FEI Number	Apr	olied For
─ 1 '	ace of Business	<u> </u>			65-0752635	<u> </u>	Applicable
Suite, Apt.	# oto	Suite, Apt. #, etc.				\$8.75 A	
	#, etc.	27			5. Certifcate of Status Desired	Fee Rec	
City & State		City & State			6. Election Campaign Financing	\$5.00	May Be
23	9	28			Trust Fund Contribution	Added to	
Zip	Country	Zip	Country		8. This corporation owes the current year	Intangible	
24	25	29	30		Personal Property Tax.	Yes	□No
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Register	ed Agent	
			81	Name			ļ
i e	ED, KAZI		82	Street Add	ress (P.O. Box Number is Not Acceptable)		
	BRUNSON CIRCLE						
LAK	E WORTH FL 33467		83	<u> </u>			1
			84	City		. 85 Zip C	Code
				' '	F		
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Florida Statute	s, the above	e-named corp	poration submits this statement for the purpose	of changing its i	registered sistered
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the oblig Signature, typed or printed name of registered agents.	e of Florida. Such change was au gations of, Section 607.0505, Flori	itnorized by ida Statutes	the corporati	ed when reinstating) DATE	pointment as reg	
office or r agent. I a	egistered agent, or both, in the Stat m familiar with, and accept the oblig Signature, typed or printed name of registered ag	e of Florida. Such change was au gations of, Section 607.0505, Flori gent and title if applicable. (NOTE: IND DIRECTORS	Registered Ager	the corporati	ion's board of directors, I nereby accept the ap	AND DIRECTO	RS IN 12
office or r agent. I a SIGNATURE	egistered agent, or both, in the Stat m familiar with, and accept the oblig Signature, typed or printed name of registered ag OFFICERS A	e of Florida. Such change was au gations of, Section 607.0505, Flori gent and title if applicable. (NOTE:	Registered Ager 13.	the corporati	ed when reinstating) DATE	pointment as reg	
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CITY-ST-ZIP 14. 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 changes, of on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADORESS

FILED

Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90127 009 ***150.00