FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000064722

1. Corporation Name CONGRESS MORIL

Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90130 049 ***150.00

CONGRE	LOO MODIL, INC.						
Principal Place	e of Business	Mailing Address					
721 S. CONGRESS AVE WEST PALM BEACH FL 33406 721 S. CONGRESS AVE WEST PALM BEACH FL 33406 WEST PALM BEACH FL 3340				i		DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualifed 07/24/1997	
2. Principal Place of Business 2a. Mailing Addres		dress			4. FEI Number Applied For		
21		26				65-0771250 Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				\$8.75 Additional	
22		27			<u>، منسمنی م</u>	Fee Required	
City & State		City & State				6. Election Campaign Financing \$5.00 May Be	
23		28				Trust Fund Contribution Added to Fees	
Zip	Country	Zip Cou 29 30		¬ ´		8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yeş ☑No	
24	9. Name and Address of Curren		30	<u>'J. </u>		10. Name and Address of New Registered Agent	
	9. Name and Address of Current	it Keğisteren Ağerit		81	Name	10. Italia and Italia	
DELJ	Lalian, Melki s						
780 VALENCIA DRIVE			82	Street Add	dress (P.O. Box Number is Not Acceptable)		
BOCA RATON FL 33432				83			
				_	20	Section 1	
				84	City	FL 85 Zip Code	
Voffice or r	to the provisions of Sections 607.050 egistered agent, or both, in the State im familiar with, and accept the obliga	of Florida, Such chang	e was auth	orized by	the corporat	rporation submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered	
SIGNATURE							
	Signature, typed or printed name of registered ager		(NOTE: Re		nt signature requir	red when reinstating) DATE	Ó
12.		ID DIRECTORS	CTE	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	7
TITLE	PD MEN MEN A	ے تاد	LEIE	1.1 TITLE		Charge	-
NAME	DELLALIAN, MELKI S			1.2 NAME		`	8
STREET ADDRESS					T ADDRESS	·	Ş
CITY-ST-ZIP	BOCA RATON FL 33432	DE	FTE	1.4 CITY-S 2.1 TITLE	11-2112	☐ Change ☐ Addition	č
TITLE	STVD			2.1 THE			
NAME	DELLALIAN, KARIN 780 VALENCIA DRIVE				TADDRESS		
STREET ADDRESS	BOCA RATON FL 33432				and the second control of the second control	_	
CITY-ST-ZIP TITLE	BOOM FATOR PL 33432	□ DE	LETE	2.4 CITY-:	31-ZIF	☐ Change ☐ Addition	
NAME				3.2 NAME			
STREET ADDRESS					TADDRESS		
CITY-ST-ZIP				3.4. CITY-		,	
TITLE		□ DE	LETÉ	4.1 TITLE	_	. Change Addition	
NAME				4. 2 NAME			
STREET ADDRESS	}			4.3 STREE	T ADDRESS		
CITY-ST-ZIP				4.4 CITY-S			
TITLE				4.4 CH 1-3	i i • ZIP		
NAME		□ DE	LETE	5.1 TITLE	11-ZIP	☐ Change ☐ Addition	
STREET ADORESS		☐ DE	LETE		31-ZIP	☐ Change ☐ Addition	
		□ DE	LETE	5.1 TITLE 5.2 NAME	TADDRESS	☐ Change ☐ Addition ☐ .	
CITY-ST-ZIP				5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-S	T ADDRESS	-	
CITY-ST-ZIP				5.1 TITLE 5.2 NAME 5.3 STREE	T ADDRESS	☐ Change ☐ Addition ☐ Change ☐ Addition	
				5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-S	T ADDRESS	-	
TITLE				5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-5 6.1 TITLE 6.2 NAME	T ADDRESS	-	

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 suppliemental 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 of printing 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 of printing 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 of printing the same legal effect as if made under oath; that I am an officer or director of the corporation of 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 on the same legal effect as if made under oath; that I am an officer or director of the corporation of the same legal effect as if made under oath; that I am an officer or director of the corporation of the same legal effect as if made under oath; that I am an officer or director of the corporation of the same legal effect as if made under oath; that I am an officer or director of the corporation of the same legal effect as if made under oath; that I am an oath of the same legal effect as if made under oath; that I am an oath of the same legal effect as if made under oath; that I am an oath of the same legal effect as if made under oath; that Vice President

SIGNATURE: 🕱

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