

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 # P97000073764

1. Corporation Name

BOCA/CONGRESS, INC.

Principal Place of Business

**GSB BUILDING, 1 BELMONT AVE., STE. 401
BALA CYNWYD PA 19004**

Mailing Address

**GSB BUILDING, 1 BELMONT AVE., STE. 401
BALA CYNWYD PA 19004**

FILED
Mar 24, 1999 8:00 am
Secretary of State

03-24-1999 90012 012 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/25/1997

4. FEI Number

APPLIED FOR 23-2943649

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE PAS
NAME DILELLA, DANIEL M
STREET ADDRESS GSB BLDG STE 401 ONE BELMONT AVE
CITY-ST-ZIP GALA CYNWYD PA 19004 ☐ DELETE

TITLE CVAS
NAME HOWARD, BARRY
STREET ADDRESS GSB BLDG STE 401 ONE BELMONT AVE
CITY-ST-ZIP BALA CYNWYD PA 19004 ☐ DELETE

TITLE VAS
NAME WILLIAMS, SCOTT
STREET ADDRESS GSB BLDG STE 401 ONE BELMONT AVE
CITY-ST-ZIP BALA CYNWYD PA 19004 ☐ DELETE

TITLE VTAS
NAME MALONEY, ROBERT
STREET ADDRESS GSB BLDG STE 401 ONE BLEMONT AVE
CITY-ST-ZIP BALA CYNWYD PA 19004 ☐ DELETE

TITLE VAS
NAME PERRY, ROY C
STREET ADDRESS GSB BLDG STE 401 ONE BELMONT AVE
CITY-ST-ZIP BALA CYNWYD PA 19004 ☐ DELETE

TITLE VAS
NAME PASQUARELLA, ARTHUR P
STREET ADDRESS GSB BLDG STE 401 ONE BELMONT AVE
CITY-ST-ZIP BALA CYNWYD PA 19004 ☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 607, 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.

Boca/Congress, Inc.

SIGNATURE: By: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/99

Date

610-668-2540

Daytime Phone #

CR2F034 (1/1/98)