

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P23432 (8)**
1. Corporation Name
IR CONGREGATE CORP.



Principal Place of Business: **411 WEST PUTNAM AVE. GREENWICH CT 06830**
Mailing Address: **411 WEST PUTNAM AVE. GREENWICH CT 06830**

3. Date Incorporated or Qualified: **03/16/1989**
3a. Date of Last Report: **09/26/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	13-3502070	<input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	23	28
Zip	Country	24	25
29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV <input type="checkbox"/> DELETE	1.1 TITLE	Assistant Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOLTZ, ROBERT	1.2 NAME	Arthur Armon
STREET ADDRESS	411 WEST PUTNAM AVE.	1.3 STREET ADDRESS	411 W. Putnam Ave.
CITY-ST-ZIP	GREENWICH CT 06830	1.4 CITY-ST-ZIP	Greenwich CT 06830
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PLAUMANN, MARK	2.2 NAME	John Pollara
STREET ADDRESS	411 WEST PUTNAM AVE.	2.3 STREET ADDRESS	411 W. Putnam Ave.
CITY-ST-ZIP	GREENWICH CT 06830	2.4 CITY-ST-ZIP	Greenwich CT 06830
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	Assistant Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOVEIA, FRANK	3.2 NAME	Arthur Armon
STREET ADDRESS	411 WEST PUTNAM AVE.	3.3 STREET ADDRESS	411 W. Putnam Ave. -> Gary Sarason
CITY-ST-ZIP	GREENWICH CT 06830	3.4 CITY-ST-ZIP	Greenwich CT 06830
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOHN, STEVE	4.2 NAME	
STREET ADDRESS	411 WEST PUTNAM AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	GREENWICH CT 06830	4.4 CITY-ST-ZIP	
TITLE	VST <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAYMUDES, JAY	5.2 NAME	
STREET ADDRESS	411 WEST PUTNAM AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	GREENWICH CT 06830	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMRON, ARTHUR	6.2 NAME	
STREET ADDRESS	411 WEST PUTNAM AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	GREENWICH CT 06830	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Jay Maymudes 3/1/96 (203) 862-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)