

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 10:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 520921 (8)

1. Corporation Name

CONGRESS FINANCIAL CORPORATION (FLORIDA)

Principal Place of Business

Mailing Address

1133 AVENUE OF THE AMERICAS
NEW YORK NY 10036

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NEW YORK NY 10036

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/27/1976

3a. Date of Last Report
05/01/1994

4. FEI Number
62-0994198

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 has liability for intangible tax under S. 199.037, Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

22 Suite, Apt. #, etc

27 Suite, Apt. #, etc

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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) (Name or printed name of registered agent and whether applicable)

(NOTE: Registered Agent signature required when necessary)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: **D**
NAME: **BERNSTEIN, BURT**
STREET ADDRESS: **1133 AVE. OF THE AMERICAS**
CITY, ST, ZIP: **NEW YORK, NY 0**

11 TITLE: **SAME** Change Addition
12 NAME: **SAME**
13 STREET ADDRESS: **SAME**
14 CITY, ST, ZIP: **NEW YORK NY 10036**

TITLE: **D**
NAME: **GOLDMAN, ROBERT I**
STREET ADDRESS: **1133 AVE. OF THE AMERICAS**
CITY, ST, ZIP: **NEW YORK, NY 0**

21 TITLE: **SAME** Change Addition
22 NAME: **SAME**
23 STREET ADDRESS: **SAME**
24 CITY, ST, ZIP: **NEW YORK NY 10036**

TITLE: **V**
NAME: **HARNICK, STEVEN**
STREET ADDRESS: **777 BRICKELL AVENUE**
CITY, ST, ZIP: **MIAMI, FL 0**

31 TITLE: **SAME** Change Addition
32 NAME: **SAME**
33 STREET ADDRESS: **SAME**
34 CITY, ST, ZIP: **MIAMI FL 33131**

TITLE: **T**
NAME: **SCHWARTZ, MORTON Z**
STREET ADDRESS: **1133 AVE. OF THE AMERICAS**
CITY, ST, ZIP: **NEW YORK, NY 0**

41 TITLE: **SAME** Change Addition
42 NAME: **SAME**
43 STREET ADDRESS: **SAME**
44 CITY, ST, ZIP: **NEW YORK NY 10036**

TITLE: **V**
NAME: **LUCARELLI, MICHELE**
STREET ADDRESS: **1133 AVE. OF THE AMERICAS**
CITY, ST, ZIP: **NEW YORK, NY 0**

51 TITLE: **SAME** Change Addition
52 NAME: **SAME**
53 STREET ADDRESS: **SAME**
54 CITY, ST, ZIP: **NEW YORK NY 10036**

TITLE: **D**
NAME: **MILLER, ROBERT A**
STREET ADDRESS: **1133 AVE. OF THE AMERICAS**
CITY, ST, ZIP: **NEW YORK, NY 0**

61 TITLE: Change Addition
62 NAME: **WILLIAM P DAVIS**
63 STREET ADDRESS: **1133 AVE OF THE AMERICAS**
64 CITY, ST, ZIP: **NEW YORK, NY 10036**

REMOVE FROM REPORT

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 110.07(3)(B), 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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Jim Mackin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/95 (212) 585-4272
DATE (Typed Name)