

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 520921 (8)

1. Corporation Name  
**CONGRESS FINANCIAL CORPORATION (FLORIDA)**

Principal Place of Business: 1133 AVENUE OF THE AMERICAS NEW YORK NY 10036  
Mailing Address: 1133 AVENUE OF THE AMERICAS NEW YORK NY 10036



2. Principal Place of Business: 21  
2a. Mailing Address: 26  
State, Apt. #, etc: 22  
City & State: 27  
Zip: 24 Country: 25  
Zip: 29 Country: 30

3. Date Incorporated or Qualified: 12/27/1976  
3a. Date of Last Report: 05/01/1995  
4. FL Number: 62-0994198  
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. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code

11. Pursuant to the provisions of Sections 607.0907 and 607.1608, 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, hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Sections 607.0905, Florida Statutes.

SIGNATURE

Signature of the person who is the registered agent of the corporation

Signature of the person who is the registered agent of the corporation

Date

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	D	<input type="checkbox"/> DELETE
NAME	BERNSTEIN, BURT	
STREET ADDRESS	1133 AVE. OF THE AMERICAS	
CITY-STATE-ZIP	NEW YORK, NY 0	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GOLDMAN, ROBERT I	
STREET ADDRESS	1133 AVE. OF THE AMERICAS	
CITY-STATE-ZIP	NEW YORK, NY 0	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HARNICK, STEVEN	
STREET ADDRESS	777 BRICKELL AVENUE	
CITY-STATE-ZIP	MIAMI, FL 0	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SCHWARTZ, MORTON Z	
STREET ADDRESS	1133 AVE. OF THE AMERICAS	
CITY-STATE-ZIP	NEW YORK, NY 0	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LUCARELLI, MICHELE	
STREET ADDRESS	1133 AVE. OF THE AMERICAS	
CITY-STATE-ZIP	NEW YORK, NY 0	
TITLE	P	<input type="checkbox"/> DELETE
NAME	DAVIS, WILLIAM	
STREET ADDRESS	1133 AVE. OF THE AMERICAS	
CITY-STATE-ZIP	NEW YORK, NY 0	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
11 TITLE	SAME	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12 NAME	"		
13 STREET ADDRESS	"		
14 CITY-STATE-ZIP	NEW YORK N.Y. 10036		
21 TITLE	C	<input checked="" type="checkbox"/>	<input type="checkbox"/>
22 NAME	SAME		
23 STREET ADDRESS	"		
24 CITY-STATE-ZIP	NEW YORK N.Y. 10036		
31 TITLE	SAME	<input checked="" type="checkbox"/>	<input type="checkbox"/>
32 NAME	"		
33 STREET ADDRESS	"		
34 CITY-STATE-ZIP	MIAMI FL 33131		
41 TITLE	SAME	<input checked="" type="checkbox"/>	<input type="checkbox"/>
42 NAME	"		
43 STREET ADDRESS	"		
44 CITY-STATE-ZIP	NEW YORK N.Y. 10034		
51 TITLE	SAME	<input checked="" type="checkbox"/>	<input type="checkbox"/>
52 NAME	"		
53 STREET ADDRESS	"		
54 CITY-STATE-ZIP	NEW YORK N.Y. 10034		
61 TITLE	SAME	<input checked="" type="checkbox"/>	<input type="checkbox"/>
62 NAME	"		
63 STREET ADDRESS	"		
64 CITY-STATE-ZIP	NEW YORK N.Y. 10034		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption status in Section 119.043(4), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true, and I am aware 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 reporter or trustee, or empowered to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or, as an attachment, with an address.

SIGNATURE:

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

3/23/96 (212) 545-4872

CR2E034 (12/95)