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FILED

May 14 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
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 10036-6710**

3. Date Incorporated or Qualified  
**12/27/1976**

3a. Date of Last Report  
**04/01/1996**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

4. FET 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. 199.032, Florida Statutes ☐ Yes ☐ No

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME **C GOLDMAN, ROBERT I**  
2.3 STREET ADDRESS **1133 AVE OF THE AMERICAS**  
2.4 CITY-ST-ZIP **NEW YORK, N.Y. 10036**

TITLE **V** ☐ DELETE  
NAME **HARNICK, STEVEN**  
STREET ADDRESS **777 BRICKELL AVENUE**  
CITY-ST-ZIP **MIAMI FL**

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

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

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

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

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

TITLE **P** ☐ DELETE  
NAME **DAVIS, WILLIAM**  
STREET ADDRESS **1133 AVE. OF THE AMERICAS**  
CITY-ST-ZIP **NEW YORK NY**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

*(Signature)*

4/28/97 6121845-4272

CR2E034 (9/96)