

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

FILED  
Apr 29, 1999 8:00 am  
Secretary of State

04-29-1999 90136 049 \*\*\*150.00

DOCUMENT # 520921

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date incorporated or Qualified	4. FEI Number	Applied For
21	26	12/27/1976	62-0994198	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
22	27	<input type="checkbox"/>		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
23	28	<input type="checkbox"/>		
Zip	Country	8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	

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	C	1.1 TITLE	C
NAME	GOLDMAN, ROBERT I	1.2 NAME	WILLIAM R. DAVIS
STREET ADDRESS	1133 AVE. OF THE AMERICAS	1.3 STREET ADDRESS	1133 AVE. OF THE AMERICAS
CITY-STATE-ZIP	NEW YORK NY 10036	1.4 CITY-STATE-ZIP	NEW YORK, NY 10036
TITLE	V	2.1 TITLE	
NAME	HARNICK, STEVEN	2.2 NAME	
STREET ADDRESS	777 BRICKELL AVENUE	2.3 STREET ADDRESS	
CITY-STATE-ZIP	MIAMI FL	2.4 CITY-STATE-ZIP	
TITLE	T	3.1 TITLE	
NAME	SCHWARTZ, MORTON Z	3.2 NAME	
STREET ADDRESS	1133 AVE. OF THE AMERICAS	3.3 STREET ADDRESS	
CITY-STATE-ZIP	NEW YORK NY	3.4 CITY-STATE-ZIP	
TITLE	V	4.1 TITLE	
NAME	LUCARELLI, MICHELE	4.2 NAME	
STREET ADDRESS	1133 AVE. OF THE AMERICAS	4.3 STREET ADDRESS	
CITY-STATE-ZIP	NEW YORK NY	4.4 CITY-STATE-ZIP	
TITLE	P	5.1 TITLE	
NAME	DAVIS, WILLIAM	5.2 NAME	
STREET ADDRESS	1133 AVE. OF THE AMERICAS	5.3 STREET ADDRESS	
CITY-STATE-ZIP	NEW YORK NY	5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	V
NAME		6.2 NAME	JIM MALKIN
STREET ADDRESS		6.3 STREET ADDRESS	1133 AVE. OF THE AMERICAS
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	NEW YORK, NY 10036

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/22/99 (212) 545-4272

CR2E034 (1/98)