


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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

04-29-1999 90136 049 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/27/1976	
21	22	26	27	4. FEI Number 62-0994198	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		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

TITLE	C	DELETE
NAME	GOLDMAN, ROBERT I	
STREET ADDRESS	1133 AVE. OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK NY 10036	
TITLE	V	DELETE
NAME	HARNICK, STEVEN	
STREET ADDRESS	777 BRICKELL AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	DELETE
NAME	SCHWARTZ, MORTON Z	
STREET ADDRESS	1133 AVE. OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK NY	
TITLE	V	DELETE
NAME	LUCARELLI, MICHELE	
STREET ADDRESS	1133 AVE. OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK NY	
TITLE	P	DELETE
NAME	DAVIS, WILLIAM	
STREET ADDRESS	1133 AVE. OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK NY	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WILLIAM R. DAVIS	
1.3 STREET ADDRESS	1133 AVE. OF THE AMERICAS	
1.4 CITY-ST-ZIP	NEW YORK, NY 10036	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	JIM MALKIN	
6.3 STREET ADDRESS	1133 AVE. OF THE AMERICAS	
6.4 CITY-ST-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: _____ Date **04/22/99** (212) 545-4272 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/198)