

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

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PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 831323 (1)

1. Corporation Name

CONGRESS TALCOTT CORPORATION

Principal Place of Business

**1133 AVENUE OF AMERICAS
New York N.Y. 10036**

Mailing Address

**1133 AVENUE OF AMERICAS
New York N.Y. 10036**

3. Date Incorporated or Qualified

11/27/1973

3a. Date of Last Report

05/01/1995

4. FEI Number

13-2598375

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current 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

10. Name and Address of New Registered Agent

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 time in office

Signature, typed or printed name of registered agent and time in office

Date

12. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> DELETE
NAME	GOLDMAN, ROBERT I	
STREET ADDRESS	1133 AVENUE OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK N.Y. 10036	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BERNSTEIN, BURT	
STREET ADDRESS	1133 AVENUE OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK N.Y. 10036	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HARNICK, STEVEN	
STREET ADDRESS	777 BRICKELL AVENUE	
CITY-ST-ZIP	MIAMI FLA. 33131	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SCHWARTZ MORTON Z.	
STREET ADDRESS	1133 AVENUE OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK N.Y. 10036	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LUCARELLI, MICHELE	
STREET ADDRESS	1133 AVENUE OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK N.Y. 10036	
TITLE	P	<input type="checkbox"/> DELETE
NAME	DAVIS, WILLIAM	
STREET ADDRESS	1133 AVENUE OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK N.Y. 10036	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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***200.00**

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 119.07(3)(k), 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:

JIM HARNICK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/96

(212) 545-4271
Daytime Phone #

CR2E034 (12/95)

#831323

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ADDITIONAL OFFICERS & DIRECTORS

TITLE:	V
NAME:	MACKIN, JAMES
STREET ADDRESS:	1133 AVENUE OF THE AMERICAS
CITY-ST-ZIP:	NEW YORK, N.Y. 10036