

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

**FILED**  
**Jan 30 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P12496 (6)**

1. Corporation Name  
**CREEF CONGRESS CORP.**



Principal Place of Business <b>C/O CITIBANK, N.A.                  909 THIRD AVE. 30TH FL                  NEW YORK NY 10043                  US</b>	Mailing Address <b>C/O CITIBANK, N.A.                  909 THIRD AVE. 30TH FL                  NEW YORK NY 10022-4731                  US</b>
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3. Date Incorporated or Qualified <b>12/12/1986</b>	3a. Date of Last Report <b>02/22/1996</b>
4. FEI Number <b>13-3400792</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business <b>21 599 Lexington Avenue</b> Suite, Apt. #, etc. <b>22 20th Floor</b> City & State <b>23</b>	2a. Mailing Address <b>26 599 Lexington Avenue</b> Suite, Apt. #, etc. <b>27 20th Floor</b> City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

9. Name and Address of Current Registered Agent  
**PRENTICE-HALL CORPORATION SYSTEM, INC.  
 110 NORTH MAGNOLIA STREET  
 TALLAHASSEE FL 32301**

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 607.0502 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	V	DELETED
NAME	<b>KARAGOSIAN, ROBERT</b>	
STREET ADDRESS	<b>25 HERITAGE DRIVE</b>	
CITY - ST - ZIP	<b>PLEASANTVILLE NY</b>	
TITLE	ST	DELETED
NAME	<b>WARD, EDWIN J.</b>	
STREET ADDRESS	<b>6 MALIBU LANE</b>	
CITY - ST - ZIP	<b>CENTEREACH NY</b>	
TITLE	DP	DELETED
NAME	<b>HENNESSEY, STEPHEN J.</b>	
STREET ADDRESS	<b>73 OLD FIELD ROAD</b>	
CITY - ST - ZIP	<b>HUNTINGTON NY</b>	
TITLE	V	DELETED
NAME	<b>WEISSMAN, JEFFREY</b>	
STREET ADDRESS	<b>1 RADNOR ROAD</b>	
CITY - ST - ZIP	<b>PLAINVIEW NY</b>	
TITLE		DELETED
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		DELETED
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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	

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: *Robert M. Karagosian* **REQUIRED** **Robert M. Karagosian** 1-9-97 212/559-9028

CR2E034 (9/96)