

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

55 MAY -1 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P09107 (4)

1. Corporation Name

THE CUSTOM SHOP BROADWAY CORPORATION

Principal Place of Business

**10 EAST 50TH STREET
NEW YORK NY 10022**

Mailing Address

**10 EAST 50TH STREET
NEW YORK NY 10022**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/17/1986

3a. Date of Last Report

05/19/1994

4. FEI Number

22-1724728

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

25

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

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC
1201 HAYES ST
STE - 105
TALLAHASSEE FL 32301**

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 in printed name of registered agent and the corporation

(201) Registered Agent signature required when changing

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

NAME

LEVITT, MORTIMER

STREET ADDRESS

10 EAST 82ND STREET

CITY - ST - ZIP

NEW YORK NY

TITLE

TD

NAME

RUBENSTEIN, ESTELLE

STREET ADDRESS

215 EAST 68TH STREET

CITY - ST - ZIP

NEW YORK NY

TITLE

S

NAME

CHAIFETZ, MALCOLM

STREET ADDRESS

350 FIFTH AVE

CITY - ST - ZIP

NEW YORK NY

TITLE

VD

NAME

LEVITT, ANNEMARIE

STREET ADDRESS

10 EAST 82ND STREET

CITY - ST - ZIP

NEW YORK NY

14 TITLE

15 NAME

16 STREET ADDRESS

17 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

VICE-PRESIDENT/DIRECTOR

KATHLEEN RAWDON

18 E 50TH ST

NEW-YORK NY 10022

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)(b), 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. I am an officer or director of the corporation or the receiver of the same 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 when an addition.

SIGNATURE:

Malcolm Chaifetz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SECRETARY
MALCOLM CHAIFETZ**

Date

201-827-9135

Telephone #