

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

MAY - 1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000053405 (4)**

1. Corporation Name

BROOKLYN 50'S STYLE RESTAURANT, INC.

Principal Place of Business

Mailing Address

**68 SPINNING WHEEL LANE
TAMARAC FL 33319**

**68 SPINNING WHEEL LANE
TAMARAC FL 33319**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

07/18/1994

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under § 199.092,
Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21. State, Apt. #, etc

26. State, Apt. #, etc

22. City & State

27. City & State

24. Zip

25. Country

29. Zip

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KLADERMAN, DAVID S
68 SPINNING WHEEL LANE
TAMARAC FL 33319**

01. Name

02. Street Address (P.O. Box Number is Not Acceptable)

03.

04. City

FL

05. 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 of Registered Agent (Print Name and Title of the Agent)

Signature of Registered Agent (Print Name and Title of the Agent)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: **P**
NAME: **KLADERMAN, DAVID S**
STREET ADDRESS: **68 SPINNING WHEEL LANE**
CITY, ST, ZIP: **TAMARAC FL 33319**

11. TITLE Change Addition
12. NAME
13. STREET ADDRESS
14. CITY, ST, ZIP

TITLE: **V**
NAME: **KLADERMAN, ROBERT L**
STREET ADDRESS: **68 SPINNING WHEEL LANE**
CITY, ST, ZIP: **TAMARAC FL 33319**

15. TITLE Change Addition
16. NAME
17. STREET ADDRESS
18. CITY, ST, ZIP

TITLE: **S**
NAME: **KESZTE, JUDI S**
STREET ADDRESS: **68 SPINNING WHEEL LANE**
CITY, ST, ZIP: **TAMARAC FL 33319**

19. TITLE Change Addition
20. NAME
21. STREET ADDRESS
22. CITY, ST, ZIP

TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

23. TITLE Change Addition
24. NAME
25. STREET ADDRESS
26. CITY, ST, ZIP

TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

27. TITLE Change Addition
28. NAME
29. STREET ADDRESS
30. CITY, ST, ZIP

TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

31. TITLE Change Addition
32. NAME
33. STREET ADDRESS
34. CITY, ST, ZIP

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(b)(6), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David S. Kladerman

4/30/95

305-722-8145