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**Apr 29 1997 8:00am
Secretary of State**

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000053405 (4)
1. Corporation Name
BROOKLYN 50'S STYLE RESTAURANT, INC.



Principal Place of Business
**68 SPINNING WHEEL LANE
TAMARAC FL 33319**

Mailing Address
**68 SPINNING WHEEL LANE
TAMARAC FL 33319-2483**

2. Principal Place of Business 21 132 n.w. 80th AV		2a. Mailing Address 26 132 n.w. 80th AV		3. Date Incorporated or Qualified 07/18/1994		3a. Date of Last Report 03/06/1996	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		4. FEI Number 65-0574922		Applied For <input type="checkbox"/> Not Applicable	
23. City & State Margate, FL		28. City & State Margate, FL		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip 33063		25. Country		29. Zip 33063		30. Country	

9. Name and Address of Current Registered Agent KLADERMAN, DAVID S 68 SPINNING WHEEL LANE TAMARAC FL 33319				10. Name and Address of New Registered Agent			
81 Name				David S. Kladerman			
82 Street Address (P.O. Box Number is Not Acceptable)				132 n.w. 80th AV			
83							
84 City				Margate		85 Zip Code FL 33063	

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 *Paul Kessler* *David Kladerman* **President** **4/23/97**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLADERMAN, DAVID S	1.2 NAME	David S. Kladerman
STREET ADDRESS	68 SPINNING WHEEL LANE	1.3 STREET ADDRESS	132 n.w. 80th AV
CITY-ST-ZIP	TAMARAC FL 33319	1.4 CITY-ST-ZIP	Margate FL 33063
TITLE	V <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLADERMAN, ROBERT L	2.2 NAME	Robert L. Kladerman
STREET ADDRESS	68 SPINNING WHEEL LANE	2.3 STREET ADDRESS	132 n.w. 80th AV.
CITY-ST-ZIP	TAMARAC FL 33319	2.4 CITY-ST-ZIP	Margate, FL 33063
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KESZTE, JUDI S	3.2 NAME	Judi R. Keszte
STREET ADDRESS	68 SPINNING WHEEL LANE	3.3 STREET ADDRESS	132 n.w. 80th AV.
CITY-ST-ZIP	TAMARAC FL 33319	3.4 CITY-ST-ZIP	Margate, FL 33063
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 *Paul Kessler* *David Kladerman* **4/23/97** **954-981-2900**

CR2E034 (9/96)