

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F02955 (5)

1. Corporation Name

C. R. R. ENTERPRISES, INC. D.B.A.

Brooklyn's Italian Restaurant & Pie Co.

Principal Place of Business

Mailing Address

6076 OKEECHOBEE BLVD.
W PALM BEACH FL 33417

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W PALM BEACH FL 33417



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21. Suite, Apt. #, etc. SAME		26. Suite, Apt. #, etc. SAME		10/23/1980		03/01/1995	
22. City & State		27. City & State		4. FEI Number		Applied For	
23. Zip		28. Zip		59-2031539		Not Applicable	
24. Country		29. Country		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 s. 199.032, Florida Statutes		Yes No	

9. Name and Address of Current Registered Agent

REUMANN, GARY
13571 JONQUIL PLACE
WEST PALM BEACH FL 33414

10. Name and Address of New Registered Agent

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 of registered agent or officer or director (if applicable)

(If 21b, Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	DELETE
NAME	REUMANN, GARY	
STREET ADDRESS	13571 JONQUIL PLACE	
CITY-STATE-ZIP	W PALM BEACH FL	
TITLE	STD	DELETE
NAME	REID, JAMES	
STREET ADDRESS	6076 OKEECHOBEE BLVD.	
CITY-STATE-ZIP	W PALM BEACH FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	Change	Addition
12. NAME		
13. STREET ADDRESS		
14. CITY-STATE-ZIP		
21. TITLE	Change	Addition
22. NAME		
23. STREET ADDRESS		
24. CITY-STATE-ZIP		
31. TITLE	Change	Addition
32. NAME		
33. STREET ADDRESS		
34. CITY-STATE-ZIP		
41. TITLE	Change	Addition
42. NAME		
43. STREET ADDRESS		
44. CITY-STATE-ZIP		
51. TITLE	Change	Addition
52. NAME		
53. STREET ADDRESS		
54. CITY-STATE-ZIP		
61. TITLE	Change	Addition
62. NAME		
63. STREET ADDRESS		
64. CITY-STATE-ZIP		

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***225.00

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)(a), 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 617, 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

Gary Reumann 6/14/96 (SG) 683-2128

CR2E034 (3/96)