

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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JAN 18 AM 8:29

DOCUMENT # P39160

(7)

1. Corporation Name

NEIL RINDLAUB, INC.

Principal Place of Business

**27 WILLIAM ST.
NEW YORK NY 10005**

Mailing Address

**27 WILLIAM ST.
NEW YORK NY 10005**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/08/1992

3a. Date of Last Report

02/02/1994

4. FEI Number

13-3487156

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 § 190 (32),
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

22

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

27

Zip

Country

29

9. Name and Address of Current Registered Agent

**MARKS, STANLEY
2875 NE 19TH ST.
NORTH MIAMI BEACH FL 33180**

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 typed or printed name of registered agent and title if applicable)

(Signature typed or printed name of registered agent and title if applicable)

(Signature typed or printed name of registered agent and title if applicable)

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**PV
RINDLAUB, NEIL
27 WILLIAM ST.
NEW YORK NY**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**TD
RINDLAUB, NEIL
27 WILLIAM ST.
NEW YORK NY**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**S
CRISCITELLO, MARK
27 WILLIAM STREET
NEW YORK NY**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 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

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 190.03(2)(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, that I am an officer or director of the corporation or the officer or trustee empowered to execute this report as required by Chapter 190, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an addition.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark Criscitello
Mark Criscitello

1/10/95

(613) 801-0913