

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000031893 (8)**

1. Corporation Name

THE ORIGINAL BROOKLYN EGG CREAM COMPANY, INC.



Principal Place of Business

**4270 NW 19TH AVE
SUITE D
POMPANO BEACH FL 33064
US**

Mailing Address

**4270 NW 19TH AVE
SUITE D
POMPANO BEACH FL 33064
US**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

9. Name and Address of Current Registered Agent

**POSNER, ALAN
4270 NORTH WEST 19TH AVENUE
SUITE D
POMPANO BEACH FL 33064**

3. Date Incorporated or Qualified

04/27/1994

3a. Date of Last Report

04/25/1995

4. FEI Number

65-0439964

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 S. 190.032,
Florida Statutes. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Section 607.07 and 607.08, Florida Statutes, to make our annual corporate statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, we hereby certify that the foregoing is true and correct, and that we accept the appointment as registered agent. I am

SIGNATURE

Signature of the person who signed the statement

Signature of the person who signed the statement

Date

12. OFFICERS AND DIRECTORS

12. TITLE	P	☐ Delete
NAME	STREISFELD, MARK	
STREET ADDRESS	75 ATWELL LANE	
CITY-STATE	MONTICELLO NY	
TITLE	ST	☐ Delete
NAME	POSNER, ALAN	
STREET ADDRESS	198 GREGORY RD	
CITY-STATE	MONTICELLO NY	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE		
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NAME		
STREET ADDRESS		
CITY-STATE		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	☐ Change ☐ Addition
1. NAME	
2. STREET ADDRESS	
3. CITY-STATE	
4. TITLE	
5. NAME	
6. STREET ADDRESS	
7. CITY-STATE	
8. TITLE	
9. NAME	
10. STREET ADDRESS	
11. CITY-STATE	
12. TITLE	
13. NAME	
14. STREET ADDRESS	
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92. TITLE	
93. NAME	
94. STREET ADDRESS	
95. CITY-STATE	
96. TITLE	
97. NAME	
98. STREET ADDRESS	
99. CITY-STATE	
100. TITLE	

14. I hereby certify that the information supplied with this report is true and correct, and that I am a duly qualified officer or director of the corporation, and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation, and I am authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of Chapter 607, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark Streisfeld, Pres

3/26/96

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