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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

3. Date Incorporated or Qualified: **07/18/1994**
3a. Date of Last Report: **03/06/1996**

2. Principal Place of Business
21 132 N.W. 80th AV
22 Suite, Apt. #, etc.
23 City & State: Margate, Fl
24 Zip: 33063
25 Country

2a. Mailing Address
26 132 N.W. 80th AV
27 Suite, Apt. #, etc.
28 City & State: Margate, Fl.
29 Zip: 33063
30 Country

4. FEI Number: **65-0574922** ☐ 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. 199.032, Florida Statutes ☐ Yes ☐ No

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 **FL** 85 Zip Code: 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: David Kladerman, 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 ☒ DELETE	1.1 TITLE	President ☒ Change ☐ 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 ☒ DELETE	2.1 TITLE	Vice President ☒ Change ☐ 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 ☒ DELETE	3.1 TITLE	Secretary ☒ Change ☐ 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	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ 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: David Kladerman, David Kladerman President — 4/23/97 — 954-984-8484

CR2E034 (9/96)