## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000093270 (3)

BROOKLYN BOYS, INC.

Principal Place of Business Maining Address					1 10011001 110 (010) BIIIK ENNI ODNI ODII	<b>80</b> 11 <b>0 10100</b>	
610 GREEN ST KEY WEST FL 33046		610 Green St Key West FL 33040-68	610 GREEN ST KEY WEST FL 33040-6825				
					3. Date Incorporated or Qualified 12/07/1995	3a. Date of Last Report 10/23/1996	
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address		4. FEI Number	Applied Fo	or
21		26			65-0623253	Not Applic	
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Suite, Apt #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	al
City & State	9	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	<b>,</b>
Ζφ <b>24</b>	Country 25	Zip <b>29</b>	Coun <b>30</b>	try	This corporation has liability for Florida Statutes	intangible tax under s. 199.03 Yes ☐ No	2,
	9. Name and Address of Currer				10. Name and Address of New Re	gistered Agent	
RAPI	ISARDI, SALVATORE		3	11 Name			
	5 DUVAL STREET West Fl 33040		8	2 Street Add	fress (P.O. Box Number is Not Acceptable)		
1461			E	13			
			6	14 City		FL 85 Zip Code	······································
office or re agent 1 a SIGNATURE	egistered agent, or both, in the State in familiar with, and accept the oblig	of Florida. Such change wa ations of, Section 607 0505,	s authorized Florida Statu	by the corporates.	poration submits this statement for the pation's board of directors. I hereby acce	pt the appointment as register	red
12.		D DIRECTORS	13.	Sport of micro rode	ADDITIONS/CHANGES TO OFFIC		
TITLE	D	DELETE	1.1 TiTL	Ē		☐ Change ☐ Ad	dition
NAME	rapisardi, salvatore		1.2 NAN	IE.			
STREET ADDRESS	1125 DUVAL STREET		1.3 STR	EET ADDRESS			
C:TY+ST ZIP	KEY WEST FL 33040			-ST-ZIP			
TITLE		[_] DELETE	2.1 TtTL			☐ Change ☐ Ad	dition
NAME			2.2 NAM				
STREET ADDRESS				ET ADDRESS	,		
CHY-SY-ZIP TITLE		DELETE	3.1 Trit	Y-ST-ZIP E		☐ Change ☐ Ad	dition
NAME			3.2 NAM				
STREET ADDRESS			3.3 STR	EET ADDRESS			
OHY+S1+7/P			3.4. CIT	Y-ST-ZIP			
Trite	L	DELETE	4.1 TUL	E		Change  Ad	ldition
NAME			4. 2 NAI	ME.			
STREET ADORESS				EET ADDRESS			
CiTY+S1+7IP		DELETE		-ST-ZIP		Change Ad	Idition
YITLE NAME		Li vectie	5.1 TITL 5.2 NAM			ET OTROPE ET MO	JUNION
STREET ADERESS			1	EET ADDRESS			
CITY-ST-2II				-ST-ZIP			
THILE THILE		DELETE	6.1 TITL			Change Ad	idition
NAME			6.2 NAN	1Ë			
STREET ADDRESS			6.3 STR	EET ADDRESS			,

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 it manged, or by an attachment with an address.

SIGNATURE: 大

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

23/4/57 305-256-3007 Dayling Phone #

**FILED** 

Mar 10 1997 8:00am

Secretary of State