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Apr 27, 1999 8:00 am  
Secretary of State

04-27-1999 90062 003 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000096135

1. Corporation Name  
OLD FASHIONED SYRUP COMPANY, INC.



Principal Place of Business

4270 NW 19TH AVE  
SUITE D  
POMPANO BEACH FL 33064

Mailing Address

4270 NW 19TH AVE  
SUITE D  
POMPANO BEACH FL 33064

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/20/1996

4. FEI Number

65-0717303

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 3350 NW 2nd Ave

Suite, Apt. #, etc.

22 Suite A 28

City & State

23 Boca Raton, FL

Zip

24 33431

Country

25 US

2a. Mailing Address

26 3350 NW 2nd Ave

Suite, Apt. #, etc.

27 Suite A 28

City & State

28 Boca Raton, FL

Zip

29 33431

Country

30 US

9. Name and Address of Current Registered Agent

STREISFELD, MARK  
4270 NW 19TH AVE  
SUITE D  
POMPANO BEACH FL 33064

10. Name and Address of New Registered Agent

81 Name

Streisfeld, Mark

82 Street Address (P.O. Box Number is not acceptable)

3350 NW 2nd Avenue

83 Suite A 28

84 City

Boca Raton FL

85 Zip Code

33431

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

Mark Streisfeld

4/23/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D STREISFELD, MARK

STREET ADDRESS 4270 NW 19TH AVE

CITY-ST-ZIP POMPANO BEACH FL 33064

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME D Streisfeld, Mark

1.3 STREET ADDRESS 3350 NW 2nd Ave, Suite A 28

1.4 CITY-ST-ZIP Boca Raton, FL 33431

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME Sitic Posner, Alan

2.3 STREET ADDRESS 3350 NW 2nd Ave, Suite A 28

2.4 CITY-ST-ZIP Boca Raton, FL 33431

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

Mark Streisfeld

4/23/99 (561) 417-680

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)