

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 26, 1999 8:00 am  
Secretary of State

04-26-1999 90082 035 \*\*\*150.00

DOCUMENT # 380456

1. Corporation Name  
THE PLACE INVESTMENT, INC.

Principal Place of Business  
C/O HOWARD J. BRAFMAN  
7900 MIAMI LAKES DR. W.  
HIALEAH FL 33016-5812

Mailing Address  
C/O HOWARD J. BRAFMAN  
7900 MIAMI LAKES DR. W.  
HIALEAH FL 33016-5812



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/15/1971

4. FEI Number

59-1354410

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 \$22-1039250 ☒ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRAFMAN, HOWARD J.  
7900 MIAMI LAKES DR. W.  
MIAMI LAKES FL 33016

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CDP ☐ DELETE  
NAME KISLAK, JAY I.  
STREET ADDRESS 7900 MIAMI LKS DR. W.  
CITY-ST-ZIP MIAMI LAKES FL

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE DSVP ☐ DELETE  
NAME BRAFMAN, HOWARD J.  
STREET ADDRESS 7900 MIAMI LKS DR. W.  
CITY-ST-ZIP MIAMI LAKES FL

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME DSVPS  
2.3 STREET ADDRESS BRAFMAN, HOWARD J.  
2.4 CITY-ST-ZIP 7900 MIAMI LAKES DRIVE WEST  
MIAMI LAKES, FL 33016

TITLE SVPT ☐ DELETE  
NAME BARTELMO, THOMAS  
STREET ADDRESS 7900 MIAMI LAKES DR. W.  
CITY-ST-ZIP MIAMI LAKES FL

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE VP ☐ DELETE  
NAME SCHWARZ, EDWARD K  
STREET ADDRESS 7900 MIAMI LAKES DR., W  
CITY-ST-ZIP MIAMI LAKES FL

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ASV ☐ DELETE  
NAME FENELLO, CAROL A.  
STREET ADDRESS 7900 MIAMI LAKES DR., W  
CITY-ST-ZIP MIAMI LAKES FL

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE AS ☐ DELETE  
NAME JELIN, SIMA K  
STREET ADDRESS 1000 HWY 9  
CITY-ST-ZIP WOODBRIDGE NJ

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:

HOWARD J. BRAFMAN, DIRECTOR  
SIGNATURE REQUIRED

April 16, 1999 (305) 364-4213

Date

Daytime Phone #

CR2E034 (11/98)

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