

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 23, 1999 8:00 am
Secretary of State

04-23-1999 90172 028 ***150.00

DOCUMENT # 287689

1. Corporation Name
J.I. KISLAK MORTGAGE SERVICE CORPORATION

Principal Place of Business
C/O HOWARD J. BRAFMAN.ESQ.
7900 MIAMI LAKES DR. W.
MIAMI LAKES FL 33016-2897

Mailing Address
C/O HOWARD J. BRAFMAN.ESQ.
7900 MIAMI LAKES DR. W.
MIAMI LAKES FL 33016-2897



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/11/1964

4. FEI Number
59-1083439

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

8. This corporation owes the current year Intangible Personal Property Tax **22-103728** ☒ No ☐ Yes

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 **SVP** ☐ DELETE
NAME **BIALY, KENNETH S**
STREET ADDRESS **7900 MIAMI LAKES DR WEST**
CITY-ST-ZIP **MIAMI LAKES FL**

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

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

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **PCOO** ☐ DELETE
NAME **GARLOCK, EMMETT R.**
STREET ADDRESS **7900 MIAMI LAKES DRIVE WEST**
CITY-ST-ZIP **MIAMI LA**

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

TITLE **CD** ☐ DELETE
NAME **KISLAK, JAY I**
STREET ADDRESS **7900 MIAMI LAKES DRIVE WEST**
CITY-ST-ZIP **MIAMI LAKES FL**

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

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

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

TITLE **VP** ☒ DELETE
NAME **CAMEN, ALBERT M**
STREET ADDRESS **7900 MIAMI LAKES DR WEST**
CITY-ST-ZIP **MIAMI LAKES FL**

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
HOWARD J. BRAFMAN, SENIOR VICE PRESIDENT

April 14, 1999 305-364-4213

Date

Daytime Phone #

CR2E034 (11/98)