


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

**FILED**  
**Apr 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90172 028 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/11/1964</b>	
21		26		4. FEI Number <b>59-1083439</b>	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
22		27		6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property Tax <b>2-2-103728</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>BRAFMAN, HOWARD J.</b> <b>7900 MIAMI LAKES DR. W.</b> <b>MIAMI LAKES FL 33016</b>				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>SVP</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BIALY, KENNETH S</b>	1.2 NAME	
STREET ADDRESS	<b>7900 MIAMI LAKES DR WEST</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI LAKES FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>SVDS</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRAFMAN, HOWARD J.</b>	2.2 NAME	
STREET ADDRESS	<b>7900 MIAMI LAKES DR., W.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI LAKES FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>PCOO</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GARLOCK, EMMETT R.</b>	3.2 NAME	
STREET ADDRESS	<b>7900 MIAMI LAKES DRIVE WEST</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI LA</b>	3.4 CITY-ST-ZIP	
TITLE	<b>CD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KISLAK, JAY I</b>	4.2 NAME	
STREET ADDRESS	<b>7900 MIAMI LAKES DRIVE WEST</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI LAKES FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>SVPT</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BARTELMO, THOMAS</b>	5.2 NAME	
STREET ADDRESS	<b>7900 MIAMI LAKES DR WEST</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI LAKES FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>VP</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CAMEN, ALBERT M</b>	6.2 NAME	
STREET ADDRESS	<b>7900 MIAMI LAKES DR WEST</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI LAKES FL</b>	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 **SIGNATURE REQUIRED** April 14, 1999 305-364-4213  
 HOWARD J. BRAFMAN, SENIOR VICE PRESIDENT Date Daytime Phone #

CR2E034 (11/98)