

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

**FILED**  
**Apr 10 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 380456 (4)**

1. Corporation Name  
**THE PLACE INVESTMENT, INC.**



Principal Place of Business <b>C/O HOWARD J. BRAFMAN                  7900 MIAMI LAKES DR. W.                  HIALEAH FL 33016-5812</b>	Mailing Address <b>C/O HOWARD J. BRAFMAN                  7900 MIAMI LAKES DR. W.                  HIALEAH FL 33016-5812</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/15/1971</b>	
21	22	23	24	25	26
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>59-1354410</b>	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip		Country		27	
28		29		30	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Zip		Country		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> <b>FILED UNDER #22-1039750</b>	

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>CDP</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KISLAK, JAY I.</b>	1.2 NAME	
STREET ADDRESS	<b>7900 MIAMI LKS DR. W.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI LAKES FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>DVS</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>DSVPS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRAFMAN, HOWARD J.</b>	2.2 NAME	
STREET ADDRESS	<b>7900 MIAMI LKS DR. W.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI LAKES FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VPT</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>SVPT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BARTELMO, THOMAS</b>	3.2 NAME	
STREET ADDRESS	<b>7900 MIAMI LAKES DR. W</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI LAKES FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHWARZ, EDWARD K</b>	4.2 NAME	
STREET ADDRESS	<b>7900 MIAMI LAKES DR., W</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI LAKES FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>ASV</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FENELLO, CAROL A.</b>	5.2 NAME	
STREET ADDRESS	<b>7900 MIAMI LAKES DR., W</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI LAKES FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>AS</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JELIN, SIMA K</b>	6.2 NAME	
STREET ADDRESS	<b>1000 HWY 9</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WOODBRIIDGE NJ</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.

SIGNATURE: \_\_\_\_\_ DATE: **4/31/98** (305) 364-4213

CR2E034 (10/97)