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PROFIT CORPORATION ANNUAL REPORT 1999



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

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

2. Principal Place of Business
 21 Suite, Apt. #, etc.

2a. Mailing Address
 26 Suite, Apt. #, etc.

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

22 City & State

27 City & State

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

23 Zip

28 Zip

8. This corporation owes the current year Intangible Personal Property Tax **22-1039250** No

24 Country

29 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CDP	<input type="checkbox"/> DELETE
NAME	KISLAK, JAY I.	
STREET ADDRESS	7900 MIAMI LKS DR. W.	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE	DSVP	<input type="checkbox"/> DELETE
NAME	BRAFMAN, HOWARD J.	
STREET ADDRESS	7900 MIAMI LKS DR. W.	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE	SVPT	<input type="checkbox"/> DELETE
NAME	BARTELMO, THOMAS	
STREET ADDRESS	7900 MIAMI LAKES DR. W	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SCHWARZ, EDWARD K	
STREET ADDRESS	7900 MIAMI LAKES DR., W	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE	ASV	<input type="checkbox"/> DELETE
NAME	FENELLO, CAROL A.	
STREET ADDRESS	7900 MIAMI LAKES DR., W	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	JELIN, SIMA K	
STREET ADDRESS	1000 HWY 9	
CITY-ST-ZIP	WOODBIDGE NJ	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DSVPS BRAFMAN, HOWARD J.
2.3 STREET ADDRESS	7900 MIAMI LAKES DRIVE WEST
2.4 CITY-ST-ZIP	MIAMI LAKES, FL 33016
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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]* **SIGNATURE REQUIRED**
 HOWARD J. BRAFMAN, DIRECTOR

April 16, 1999 (305) 364-4213
 Date Daytime Phone #

CR2E034 (11/98)