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 16, 1999 8:00 am
Secretary of State
04-16-1999 90048 039 ***150.00

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DOCUMENT # 825212

1. Corporation Name
THE KISLAK COMPANY, INC.

Principal Place of Business
7900 MIAMI LAKES DR. W.
MIAMI LAKES FL 33016-2897

Mailing Address
7900 MIAMI LAKES DR. W.
MIAMI LAKES FL 33016-2897

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
10/16/1970

2. Principal Place of Business
21

2a. Mailing Address
26

4. FEI Number
22-1913039
☐ Applied For
☐ Not Applicable

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

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

City & State
23

City & State
28

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip 24 Country 25

Zip 29 Country 30

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	KISLAK, JAY		1.2 NAME		
STREET ADDRESS	7900 MIAMI LAKES DR. W.		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI LAKES FL 33016		1.4 CITY-ST-ZIP		
TITLE	SVP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	STILES, LINDA M		2.2 NAME		
STREET ADDRESS	1000 RT. 9		2.3 STREET ADDRESS		
CITY-ST-ZIP	WOODBRIDGE NJ 07095		2.4 CITY-ST-ZIP		
TITLE	DSVP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BRAFMAN, HOWARD J.		3.2 NAME		
STREET ADDRESS	7900 MIAMI LAKES DR. W.		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI LAKES FL 33016		3.4 CITY-ST-ZIP		
TITLE	DSVP	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BARTELMO, THOMAS		4. 2 NAME		
STREET ADDRESS	7900 MIAMI LAKES DR, WEST		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI LAKES FL 33016		4.4 CITY-ST-ZIP		
TITLE	SVP	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	WIENER, JEFFREY		5.2 NAME		
STREET ADDRESS	1000 ROUTE 9		5.3 STREET ADDRESS		
CITY-ST-ZIP	WOODBRIDGE NJ 07095		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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 April 14, 1999 (305) 364-4213
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
HOWARD J. BRAFMAN, SENIOR VICE PRESIDENT