

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

1 - 2

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 826303 (0)

1. Corporation Name
J.I. KISLAK INSURANCE AGENCY, INC.



Principal Place of Business % HOWARD J. BRAFMAN 7900 MIAMI LAKES DRIVE, WEST MIAMI LAKES FL 33016-2897	Mailing Address % HOWARD J. BRAFMAN 7900 MIAMI LAKES DRIVE, WEST MIAMI LAKES FL 33016-2897
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3. Date Incorporated or Qualified 06/10/1971	3a. Date of Last Report 05/01/1995
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number 22-1406735	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	FILES UNDER FEIN #22-1039750

9. Name and Address of Current Registered Agent
BRAFMAN, HOWARD J.
7900 MIAMI LAKES DRIVE, WEST
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 85 Zip Code FL
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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	
TITLE	PT <input type="checkbox"/> DELETE
NAME	GARLOCK, EMMETT R
STREET ADDRESS	7900 MIAMI LAKES DR W
CITY-ST-ZIP	MIAMI LAKES FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	BRAFMAN, HOWARD J.
STREET ADDRESS	7900 MIAMI LAKES DR. W.
CITY-ST-ZIP	MIAMI LAKES FL
TITLE	T <input type="checkbox"/> DELETE
NAME	FLEISCHMAN, DAVID H.
STREET ADDRESS	7900 MIAMI LAKES DRIVE WEST
CITY-ST-ZIP	MIAMI LAKES FL
TITLE	CD <input type="checkbox"/> DELETE
NAME	KISLAK, JAY I.
STREET ADDRESS	7900 MIAMI LAKES DR. W.
CITY-ST-ZIP	MIAMI LAKES FL
TITLE	V <input checked="" type="checkbox"/> DELETE
NAME	OCHSENSCHLAGER, DANIEL R
STREET ADDRESS	14750 PALMETTO FRONTAGE RD
CITY-ST-ZIP	WOODBIDGE NJ
TITLE	SVP <input type="checkbox"/> DELETE
NAME	CICCARINO, FRANK
STREET ADDRESS	1000 ROUTE 9
CITY-ST-ZIP	WOODBIDGE NJ

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	SEE EXHIBIT "A" ATTACHED
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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	200001795362
4.4 CITY-ST-ZIP	-04/25/96--01112--034
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CR2E034 (12/95)

EXHIBIT "A"
DIRECTORS AND OFFICERS
OF
J. I. KISLAK INSURANCE AGENCY, INC.

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>
JAY I. KISLAK ✓	CHAIRMAN OF THE BOARD & DIRECTOR	7900 MIAMI LAKES DRIVE WEST MIAMI LAKES, FL 33016
JCO EMMETT R. GARLOCK ✓	PRESIDENT & CHIEF OPERATING OFFICER	7900 MIAMI LAKES DRIVE WEST MIAMI LAKES, FL 33016
HOWARD J. BRAFMAN ✓	DIRECTOR & SECRETARY	7900 MIAMI LAKES DRIVE WEST MIAMI LAKES, FL 33016
FRANCIS C. CICCARIANO ✓	SENIOR VICE PRESIDENT	7900 MIAMI LAKES DRIVE WEST MIAMI LAKES, FL 33016
JAMES R. DOUGHERTY	SENIOR VICE PRESIDENT	7900 MIAMI LAKES DRIVE WEST MIAMI LAKES, FL 33016
HELEN D. ECONOMIDES	VICE PRESIDENT	1000 ROUTE 9 WOODBIDGE, NJ 07095
CAROL A. FENELLO	VICE PRESIDENT & ASSISTANT SECRETARY	7900 MIAMI LAKES DRIVE WEST MIAMI LAKES, FL 33016
JENNIFER GELLER	VICE PRESIDENT	14750 PALMETTO FRONTAGE ROAD MIAMI LAKES, FL 33016
JAMES P. GROSS	DIRECTOR, VICE PRESIDENT & CHIEF FINANCIAL OFFICER	7900 MIAMI LAKES DRIVE WEST MIAMI LAKES, FL 33016
DONNA SCHNEIDER	VICE PRESIDENT	1000 ROUTE 9 WOODBIDGE, NJ 07095
DAVID H. FLEISCHMAN ✓	TREASURER	7900 MIAMI LAKES DRIVE WEST MIAMI LAKES, FL 33016
DEBRA C. OTTO	CONTROLLER	7900 MIAMI LAKES DRIVE WEST MIAMI LAKES, FL 33016
JOAN HILL	ASSISTANT VICE PRESIDENT	14570 PALMETTO FRONTAGE RD MIAMI LAKES, FL 33016
DOUGLAS A. ZASTROW	ASSISTANT SECRETARY & ASSISTANT TREASURER	1000 ROUTE 9 WOODBIDGE, NJ 07095
THOMAS BARTELMO	ASSISTANT VICE PRESIDENT	7900 MIAMI LAKES DR WEST MIAMI LAKES, FL 33016