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PROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 826303

1. Corporation Name

J.I. KISLAK INSURANCE AGENCY, INC.

						FIBIL BIBLI BIBL	
Principal Place of Business Mailing Address							
% HOWARD J.BRAFMAN % HOWARD J.BRAFMAN							
7900 MIAMI LAKES DRIVE. WEST MIAMI LAKES FL 33016-2897		MIAMI LAKES FL 33016-2897	7900 MIAMI LAKES DRIVE, WEST MIAMI LAKES FL 33016-2897		DO NOT WRITE IN THIS SPACE		
IMINIMI CHINEO					3. Date Incorporated or Qualifed		
					06/10/1971		
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number		pplied For
21 26					22-1406735		lot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired		Additional
22 27							Required
City & State City & State					6. Election Campaign Financing		May Be
23	Country		ountry		Trust Fund Contribution	-	to rees
			¬ ´		This corporation owes the current year In Personal Property Tax.	langible	ĭ∆No
24	25 9. Name and Address of Curren	29 30 30 st Registered Agent	1		10. Name and Address of New Registered	Agent	
4-5		<u> </u>	81	Name			
Brafman, Howard J. 7900 Miami Lakes Drive, West			82	Stroot Add	ress (P.O. Box Number is Not Acceptable)		
			62	Street Add	duless (F.O. Box Number is not Acceptable)		
MIAI	MI LAKES FL 33016		83				
			84	City		85 Zip	Code
				1	poration submits this statement for the purpose o	- ` `	
SIGNATURE	Signature, typed or printed name of registered age			nt signature require	ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	ORS IN 12
TITLE	OFFICERS AND DIRECTORS CO DELETE		1.1 TITLE		TABBITION OF THE PARTY OF THE P	☐ Change	
NAME	GARLOCK, EMMETT R		NAME	i			
STREET ADDRESS	TOOK HILLIANTO OF W	1.3	STREE	TADORESS			
CITY-ST-ZIP	MIAMI LAKES FL 33016	14	спу-ѕ	T-ZIP			
TITLE	SD □ DELETE 2.1 TI		TITLE			Change	Addition
NAME	BRAFMAN, HOWARD J. 22N		NAME				
_STREET ADDRESS			STREE	TADDRESS	عيم حاليا جاليد	., .	<u> </u>
CITY-ST-ZIP	MIAMI LAKES FL 33016			ST-ZIP		- Character	FT Addit
TITLE	CD		TITLE	1		Change	Addition
NAME			NAME				
STREET ADDRESS	NAME AND DECOME			T ADDRESS			
CITY-ST-ZIP TITLE			3.4. CITY-ST-ZIP 4.1 TITLE		*****	☐ Change	Addition
NAME			2 NAME				-
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP			CITY-S				
TITLE		DELETE 5.	TITLE			Change	Addition
NAME				- 1			
CTDEET ADDDEEC		5.3	NAME				
STREET ADDRESS	; ;	5.	STREE	TADDRESS			
CITY-ST-ZIP		53 53				Change	a ∏ Addition

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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

PRESIDENT