FL-1018

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 9:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L67743 (9)

1. Corporation Name

KISLAK HAMMOCKS, INC.

Principal Place of Business
C/O HOWARD J. BRAFMAN
7900 MIAMI LAKES DR. WEST
MIAMI LAKES FL 33016

Mailing Address
C/O HOWARD J. BRAFMAN
7900 MIAMI LAKES DR. WEST
MIAMI LAKES FL 33016

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 — Suite, Apt #, etc 22 — City & State 23 — Zip 24 — Country 25

2a. Mailing Address 26 — Suite, Apt #, etc 27 — City & State 28 — Zip 29 — Country 30

3. Date Incorporated or Qualified: 04/19/1990

3a. Date of Last Report: 03/29/1994

4. FEI Number: 65-0190906 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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

8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes [X] Yes ☐ No FILES UNDER FEIN #22-1039750

9. Name and Address of Current Registered Agent

BRAFMAN, HOWARD J.
7900 MIAMI LAKES DR. 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 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVS	11 TITLE	☐ Change ☐ Addition
NAME	BRAFMAN, HOWARD J.	12 NAME	
STREET ADDRESS	7900 MIAMI LAKES DR. W.	13 STREET ADDRESS	
CITY ST ZIP	MIAMI LAKES FL	14 CITY ST ZIP	
TITLE	CD	21 TITLE	☐ Change ☐ Addition
NAME	KISLAK, JAY I.	22 NAME	
STREET ADDRESS	7900 MIAMI LAKES DRIVE WEST	23 STREET ADDRESS	
CITY ST ZIP	MIAMI LAKES FL	24 CITY ST ZIP	
TITLE	PCEO	31 TITLE	P/COO ☐ Change ☐ Addition
NAME	GARLOCK, EMMETT R	32 NAME	
STREET ADDRESS	7900 MIAMI LAKES DR W	33 STREET ADDRESS	
CITY ST ZIP	MIAMI LAKES FL	34 CITY ST ZIP	
TITLE	VAS	41 TITLE	☐ Change ☐ Addition
NAME	MACQUEEN, JAMES H.	42 NAME	
STREET ADDRESS	7900 MIAMI LAKES DRIVE WEST	43 STREET ADDRESS	
CITY ST ZIP	MIAMI LAKES FL	44 CITY ST ZIP	
TITLE	T	51 TITLE	☐ Change ☐ Addition
NAME	FLEISCHMAN, DAVID H.	52 NAME	
STREET ADDRESS	7900 MIAMI LAKES DRIVE WEST	53 STREET ADDRESS	
CITY ST ZIP	MIAMI LAKES FL	54 CITY ST ZIP	
TITLE	C	61 TITLE	☐ Change ☐ Addition
NAME	OTTO, DEBRA C	62 NAME	
STREET ADDRESS	7900 MIAMI LAKES DR W	63 STREET ADDRESS	
CITY ST ZIP	MIAMI LAKES FL	64 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(i)(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: CAROL A. FENELLO - VICE PRESIDENT   April 28, 1995   (305) 364-4213

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