

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

FL-1072

CORPORATION
ANNUAL REPORT
1995



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

FILED

95 APR 11 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N47502

(2)

1. Corporation Name

THE KISLAK FAMILY FUND, INC.

900001453799
-04/12/95--01003--002
*****61.25 *****61.25
DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

7900 MIAMI LAKES DRIVE WEST
MIAMI LAKES FL 33016

7900 MIAMI LAKES DRIVE WEST
MIAMI LAKES FL 33016

3. Date Incorporated or Qualified

02/21/1992

3a. Date of Last Report

02/17/1994

4. FE Number

65-0350930

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KISLAK, JAY L
7900 MIAMI LAKES DRIVE WEST
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
KISLAK, JAY L
7900 MIAMI LAKES DRIVE WEST
MIAMI LAKES FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
AS
COX, Amy
7900 MIAMI LAKES DRIVE WEST
MIAMI LAKES, FLORIDA 33016
☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
KISLAK, JEAN
2 PALM BAY COURT #21W
MIAMI FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
AS
OKAZAKI, Gary
7900 MIAMI LAKES DRIVE WEST
MIAMI LAKES, FLORIDA 33016
☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
MANGRAVITE, PAULA
3482 VISTA HAVEN ROAD
SHERMAN OAKS CA

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
KISLAK, PHILIP T
5180 NORTH SOLDIER TRAIL
TUCSON AZ

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
☐ Change ☐ Addition

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)(h), 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 decedent or trustee empowered to execute this report as required by Chapter 917, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

JAY L. KISLAK, PRESIDENT

March 29, 1995 (305) 364-4100