


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90226 049 ****61.25

0023395

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N47502					
1. Corporation Name THE KISLAK FAMILY FUND, INC.					
Principal Place of Business 7900 MIAMI LAKES DRIVE WEST MIAMI LAKES FL 33016			Mailing Address 7900 MIAMI LAKES DRIVE WEST MIAMI LAKES FL 33016		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 02/21/1992 4. FEI Number 65-0350930 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	
9. Name and Address of Current Registered Agent KISLAK, JAY I 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 FL 85 Zip Code		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KISLAK, JAY I		1.2 NAME		
STREET ADDRESS	7900 MIAMI LAKES DRIVE WEST		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI LAKES FL 33016		1.4 CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KISLAK, JEAN		2.2 NAME		
STREET ADDRESS	720 PALM BAY LANE APT 21W		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33138		2.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KISLAK, PAULA		3.2 NAME		
STREET ADDRESS	3482 VISTA HAVEN ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	SHERMAN OAKS CA		3.4 CITY-ST-ZIP		
TITLE	DAS	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KISLAK, PHILIP T		4.2 NAME		
STREET ADDRESS	5180 NORTH SOLDIER TRAIL		4.3 STREET ADDRESS		
CITY-ST-ZIP	TUCSON AZ		4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			5.2 NAME	AS	
STREET ADDRESS			5.3 STREET ADDRESS	THOMAS BARTELMO	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	7900 MIAMI LAKES DRIVE WEST MIAMI LAKES, FLORIDA 33016	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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 617, 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 8th, 1999

(305) 364-4200

THOMAS BARTELMO, ASSISTANT SECRETARY

Date

Daytime Phone #

CR2E037 (11/98)