

**FILED**  
**Apr 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90108 013 \*\*\*150.00

|                                              |                                                                                   |                                                                                                                 |
|----------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| <b>PROFIT CORPORATION ANNUAL REPORT 1999</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|----------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|

**DOCUMENT # P97000062179**

1. Corporation Name  
**KISLAK FINANCIAL CORPORATION**

|                                                                              |                                                                  |
|------------------------------------------------------------------------------|------------------------------------------------------------------|
| Principal Place of Business<br>7900 MIAMI LAKES DR W<br>MIAMI LAKES FL 33016 | Mailing Address<br>7900 MIAMI LAKES DR W<br>MIAMI LAKES FL 33016 |
|------------------------------------------------------------------------------|------------------------------------------------------------------|



DO NOT WRITE IN THIS SPACE

|                                |                     |                     |                     |                                                                                                                                                    |                                |
|--------------------------------|---------------------|---------------------|---------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| 2. Principal Place of Business |                     | 2a. Mailing Address |                     | 3. Date Incorporated or Qualified<br>07/17/1997                                                                                                    |                                |
| 21                             | Suite, Apt. #, etc. | 26                  | Suite, Apt. #, etc. | 4. FEI Number<br>65-0812781                                                                                                                        | Applied For<br>Not Applicable  |
| 22                             | City & State        | 27                  | City & State        | 5. Certificate of Status Desired <input type="checkbox"/>                                                                                          | \$8.75 Additional Fee Required |
| 23                             | Zip                 | 28                  | Zip                 | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>                                                                 | \$5.00 May Be Added to Fees    |
| 24                             | Country             | 29                  | Country             | 8. This corporation owes the current year Intangible<br>Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                |

## 9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

## 10. Name and Address of New Registered Agent

|                                                                                             |                             |
|---------------------------------------------------------------------------------------------|-----------------------------|
| 81 Name<br><b>HOWARD J. BRAFMAN</b>                                                         | 85 Zip Code<br><b>33016</b> |
| 82 Street Address (P.O. Box Number is Not Acceptable)<br><b>7900 MIAMI LAKES DRIVE WEST</b> |                             |
| 83 MIAMI LAKES, FLORIDA 33016                                                               |                             |
| 84 City<br><b>FL</b>                                                                        |                             |

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 date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5/5/99

| 12. OFFICERS AND DIRECTORS |                                            | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                              |
|----------------------------|--------------------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE                      | <input type="checkbox"/> DELETE            | 1.1 TITLE                                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>BROWN, JACK W</b>                       | 1.2 NAME                                              | <b>BROWN, JACK W.</b>                                                        |
| STREET ADDRESS             | <b>7900 MIAMI LAKES DR WEST</b>            | 1.3 STREET ADDRESS                                    | <b>7900 MIAMI LAKES DR WEST</b>                                              |
| CITY-ST-ZIP                | <b>MIAMI LAKES FL 33016</b>                | 1.4 CITY-ST-ZIP                                       | <b>MIAMI LAKES, FL 33016</b>                                                 |
| TITLE                      | <input checked="" type="checkbox"/> DELETE | 2.1 TITLE                                             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | <b>GOLDBERG, LAWRENCE DR.</b>              | 2.2 NAME                                              | <b>KISLAK, JAY I.</b>                                                        |
| STREET ADDRESS             | <b>7900 MIAMI LAKES DR W</b>               | 2.3 STREET ADDRESS                                    | <b>7900 MIAMI LAKES DRIVE WEST</b>                                           |
| CITY-ST-ZIP                | <b>MIAMI LAKES FL 33016</b>                | 2.4 CITY-ST-ZIP                                       | <b>MIAMI LAKES, FLORIDA 33016</b>                                            |
| TITLE                      | <input type="checkbox"/> DELETE            | 3.1 TITLE                                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>KISLAK, JONATHAN I</b>                  | 3.2 NAME                                              | <b>KISLAK, JONATHAN I.</b>                                                   |
| STREET ADDRESS             | <b>7900 MIAMI LAKES DR W</b>               | 3.3 STREET ADDRESS                                    | <b>7900 MIAMI LAKES DRIVE WEST</b>                                           |
| CITY-ST-ZIP                | <b>MIAMI LAKES FL 33016</b>                | 3.4 CITY-ST-ZIP                                       | <b>MIAMI LAKES, FL 33016</b>                                                 |
| TITLE                      | <input checked="" type="checkbox"/> DELETE | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>HIGH, JOSHUA</b>                        | 4.2 NAME                                              |                                                                              |
| STREET ADDRESS             | <b>7900 MIAMI LAKES DR W</b>               | 4.3 STREET ADDRESS                                    |                                                                              |
| CITY-ST-ZIP                | <b>MIAMI LAKES FL 33016</b>                | 4.4 CITY-ST-ZIP                                       |                                                                              |
| TITLE                      | <input type="checkbox"/> DELETE            | 5.1 TITLE                                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>GARLOCK, EMMETT R</b>                   | 5.2 NAME                                              | <b>GARLOCK, EMMETT R.</b>                                                    |
| STREET ADDRESS             | <b>7900 MIAMI LAKES DR W</b>               | 5.3 STREET ADDRESS                                    | <b>7900 MIAMI LAKES DRIVE WEST</b>                                           |
| CITY-ST-ZIP                | <b>MIAMI LAKES FL 33016</b>                | 5.4 CITY-ST-ZIP                                       | <b>MIAMI LAKES, FLORIDA 33016</b>                                            |
| TITLE                      | <input type="checkbox"/> DELETE            | 6.1 TITLE                                             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       |                                            | 6.2 NAME                                              | <b>BRAFMAN, HOWARD J.</b>                                                    |
| STREET ADDRESS             |                                            | 6.3 STREET ADDRESS                                    | <b>7900 MIAMI LAKES DRIVE WEST</b>                                           |
| CITY-ST-ZIP                |                                            | 6.4 CITY-ST-ZIP                                       | <b>MIAMI LAKES, FLORIDA 33016</b>                                            |

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.

SIGNATURE:

**SIGNATURE REQUIRED**  
**HOWARD J. BRAFMAN, ESQ., SECRETARY**

April 14, 1999

305-364-4213

CR2E034 (1/198)