

1076

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Apr 07 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # V73041 (8)**

1. Corporation Name  
**KISLAK REALTY GROUP, INC.**

Principal Place of Business <b>7900 MIAMI LAKES DRIVE WEST MIAMI LAKES FL 33016</b>	Mailing Address <b>7900 MIAMI LAKES DRIVE WEST MIAMI LAKES FL 33016</b>
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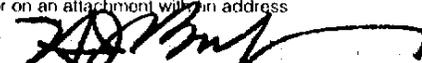
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/21/1992</b>	
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	25 Suite, Apt. #, etc.	26 City & State
27 Zip	28 Country	29 Zip	30 Country	4. FEI Number <b>65-0363185</b>	Applied For Not Applicable
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>BRAFMAN, HOWARD J. 7900 MIAMI LAKES DRIVE WEST MIAMI LAKES FL 33016</b>				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				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	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DVS</b>	1.1 TITLE	<b>DSVPS</b>
NAME	<b>BRAFMAN, HOWARD J</b>	1.2 NAME	
STREET ADDRESS	<b>7900 MIAMI LAKES DRIVE WEST</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI LAKES FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>CDP</b>	2.1 TITLE	
NAME	<b>KISLAK, JAY I.</b>	2.2 NAME	
STREET ADDRESS	<b>7900 MIAMI LAKES DR., W.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI LAKES FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>AVP</b>	3.1 TITLE	<b>SVPT</b>
NAME	<b>BARTELMO, THOMAS</b>	3.2 NAME	
STREET ADDRESS	<b>7900 MIAMI LAKES DR W</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI LAKES FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>VPAS</b>	4.1 TITLE	
NAME	<b>FENELLO, CAROL A</b>	4.2 NAME	
STREET ADDRESS	<b>7900 MIAMI LAKES DR W</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI LAKES FL</b>	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment within address

SIGNATURE:  4/31/98 (305) 364-4212

CR2E034 (10/97)