

1076

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Apr 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998

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



DOCUMENT # V73041 (8)
1. Corporation Name
KISLAK REALTY GROUP, 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



DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|---------------------|---------------------|---------------------|--|--------------------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 10/21/1992 | |
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. | 4. FEI Number 65-0363185 | Applied For 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 Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 24 | Country | 29 | Country | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> \$22-1039750 | |

| | | | |
|--|--|--|--|
| 9. Name and Address of Current Registered Agent BRAFMAN, HOWARD J. 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 |
| | | 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 | | | |
| TITLE | DVS | <input type="checkbox"/> DELETE | |
| NAME | BRAFMAN, HOWARD J | | |
| STREET ADDRESS | 7900 MIAMI LAKES DRIVE WEST | | |
| CITY-ST-ZIP | MIAMI LAKES FL | | |
| TITLE | CDP | <input type="checkbox"/> DELETE | |
| NAME | KISLAK, JAY I. | | |
| STREET ADDRESS | 7900 MIAMI LAKES DR., W. | | |
| CITY-ST-ZIP | MIAMI LAKES FL | | |
| TITLE | AVP | <input type="checkbox"/> DELETE | |
| NAME | BARTELMO, THOMAS | | |
| STREET ADDRESS | 7900 MIAMI LAKES DR W | | |
| CITY-ST-ZIP | MIAMI LAKES FL | | |
| TITLE | VPAS | <input type="checkbox"/> DELETE | |
| NAME | FENELLO, CAROL A | | |
| STREET ADDRESS | 7900 MIAMI LAKES DR W | | |
| CITY-ST-ZIP | MIAMI LAKES FL | | |
| TITLE | | <input type="checkbox"/> DELETE | |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
| DSVPS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 1.1 TITLE | | | |
| 1.2 NAME | | | |
| 1.3 STREET ADDRESS | | | |
| 1.4 CITY-ST-ZIP | | | |
| 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 2.2 NAME | | | |
| 2.3 STREET ADDRESS | | | |
| 2.4 CITY-ST-ZIP | | | |
| 3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 3.2 NAME | | | |
| 3.3 STREET ADDRESS | | | |
| 3.4 CITY-ST-ZIP | | | |
| 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 4.2 NAME | | | |
| 4.3 STREET ADDRESS | | | |
| 4.4 CITY-ST-ZIP | | | |
| 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 5.2 NAME | | | |
| 5.3 STREET ADDRESS | | | |
| 5.4 CITY-ST-ZIP | | | |
| 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 6.2 NAME | | | |
| 6.3 STREET ADDRESS | | | |
| 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)