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NONPROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE Sandra B Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

712225

(2)

KINNERET, INC.

DOCUMENT #
1. Corporation Name



	of Business						
515 S DELANEY AVE ORLANDO FL 32801		515 S DELANEY AVE ORLANDO FL 32901					
					3. Date Incorporated or Qualified 02/08/1967	3a. Date of L 04/1	ast Report 1/1995
2. Principal Pla	ce of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			59-6194199		Not Applicable
Suite, Apt. #	t, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	T -	.75 Additional ee Required
City & State		City & State			Election Campaign Financing Trust Fund Contribution		5.00 May Be dded to Fees
Zip 24	Country 25	7ıp	Coun	ltry	This corporation has liability for in Florida Statutes	ntangible tax unde	er s. 199.032,
	9. Name and Address of Curren		11		10. Name and Address of New R	egistered Agent	
				81 Name			
KAHAN, JUDY S.				82 Street	Address (P.O. Box Number is Not Acceptable)		
515 S. DELANEY			 -				
ORLAND	O FL 32801		,	B3			
			Ī	B4 City		FL 85	Zip Code
11. Pursuant to	the provisions of Sections 617.0502	and 617.1508, Florida Statut-	es, the abov	e-named co	prporation submits this statement for the pur	pose of changing	its registered office
or registere	ed agent, or both, in the State of Floric h, and accept the obligations of, Secti	da. Such change was authoriz	ed by the co	orporation's	board of directors. I hereby accept the appoint	ointment as registe	ared agent. I am
SIGNATURE _	The description of the second						
SIGNATURE	Signature, typed or printed name of registered agent		TE Registered A	Agent signature r	equired when reinstating)	DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFF		
TITLE	D D	DELETE	1.1 T(T)			☐ Char	nge Addition
NAMÉ	COHEN, JAY M.		1.2 NAM				
STREET ADDRESS	1355 ORANGE AVE., STE. 4 WINTER PARK FL			REET ADDRESS			
TITLE	ED ED			Y-ST-ZIP			
	LU	□DELETE	2 1 TITI	l F		Char	nge 🔲 Addition
NAME I	KAHAN JUDY S	□ DELETE	2 1 TITU 22 NAI			☐ Char	nge Addition
NAME STREET ATIONESS	KAHAN, JUDY S. 206 CASTLEFORD CT N	DEFELE	2 2 NAI	ME		☐ Char	nge 🔲 Addition
STREET ADDRESS	206 CASTLEFORD CT N	□ DELETE	2 2 NAI 2 3 STF	ME REET ADDRESS		Char	nge Addition
STREET ADDRESS CITY - ST - ZIP		□ DELETE	2 2 NAI 2 3 STF	ME REET ADDRESS EY-ST-ZIP	PRESIDENT	☐ Char	-
STREET ADDRESS CITY+ST-ZiP TITLE NAME	206 Castleford CT N Longwood Fl	_	2 2 NAF 2 3 STF 2 4 CII	ME REET ADDRESS FY-ST-ZIP LE		€ Char	-
STREET ADDRESS CITY-ST-ZiP Title	206 CASTLEFORD CT N LONGWOOD FL VP	_	2 2 NAF 2 3 STR 2 4 CH 3 1 TITI 3 2 NAF	ME REET ADDRESS FY-ST-ZIP LE	PRESIDENT SILVERBERG, MARK F	[k] Char B•	nge 🔲 Addition
STREET ADDRESS CITY - ST - Z+P TITLE NAME	206 Castleford CT N Longwood FL VP Pearlman, Rhonda	™ DELETE	2 2 NAF 2 3 STF 2 4 CH 3 1 TH 3 2 NAF 3 3 STF	ME REET ADDRESS IY-ST-ZIP LE ME	SILVERBERG, MARK H	⊋Char B. VE BLVD 79	nge Addition
STREET ADDRESS CITY - ST - Z+P TITLE NAME STREET ADDRESS	206 CASTLEFORD CT N LONGWOOD FL VP PEARLMAN, RHONDA 3900 NEPTUNE DR. ORLANDO FL D	_	2 2 NAF 2 3 STF 2 4 CH 3 1 TH 3 2 NAF 3 3 STF	ME REET ADDRESS RY-ST-ZIP LE ME REET ADDRESS RY-ST-ZIP	SILVERBERG, MARK F 607 SWEETWATER COV	ÇChar 3. VE BLVD	nge Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	206 CASTLEFORD CT N LONGWOOD FL VP PEARLMAN, RHONDA 3900 NEPTUNE DR. ORLANDO FL D SCHWARTZ, MURRAY	™ DELETE	2 2 NAF 23 STF 2 4 CII 3 1 TITI 3 2 NAI 3 3 STF 3 4 CII 4 1 TITI 4 2 NA	ME REET ADDRESS EY-SI-ZIP LE ME REET ADDRESS EY-SI-ZIP LE	SILVERBERG, MARK F 607 SWEETWATER COV	⊋Char B. VE BLVD 79	nge Addition
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certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the oath; that I am an officer or director of the corporation or the required or trustee empowered to execute this report as required by Chapter 617, appears in Block 12 or Block 13 if changed, or on an attaching with an address.

SIGNATURE: