FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #1. Corporation Name

	KINNERET, INC.														
Principal Place of Business Mailing Address										- 1 14011/ 1690/ 14010 11010 11010 11014 01/ 0787 01011 91011 07011 07011 07011 07011					
S15 S DELANEY AVE ORLANDO FL 32801				515 S DELANEY AVE ORLANDO FL 32801					3.	Date Incorporated or Qualified 02/08/1967					
									4.	FEI Number Applied For					
										59-6194199 Not Applicable					
2.	Principal Place of Business			2a. Mailing Address					5. Certificate of Status Dr	Certificate of Status Desired S8.75 Additional					
21		26								Fee Required					
Suite, Apt. #, etc.			L	Suite, Apt. #, etc.					6. Election Campaign Financing \$5.00 May Be						
22			27							Trust Fund Contribution					
23	City & State		28	City & State					7.	Is this nonprofit corporation a homeowners association?					
24	Zip	Country Zip Co		Count	xuntry			This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No							
9. Name and Address of Current Registered Agent								10. Name and Address of New Registered Agent							
							1	Name							
KAHAN, JUDY S. 515 S. DELANEY ORLANDO FL 32801						8	2	Street Addres	Street Address (P.O. Box Number is Not Acceptable)						
						8	3								
						8	4	City		85 Zip Code					
1										on submits this statement for the purpose of changing its registered					

agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE										
	Signature, typed or printed name of registered agent and title if applica		tegiatered Agent signatura i	, ,	DATE					
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANG	ES TO OFFICERS A					
TITLE	8	DELETE	1.1 TITLE	D		Change	Addition			
NAME	ROBUCK, ROBIN		1.2 NAME	PERLMAN, RHO	ONDA K		ŀ			
STREET ADDRESS	2693 QUEEN MARY PL		1.3 STREET ADDRESS	3900 NEPTUNI	E DR					
CITY-ST-ZIP	MAITLAND FL 32751		1.4 CITY - ST - ZIP	ORLANDO. FL	32804					
TITLE	ED	DELETE	2.1 TITLE	• • •		Change	Addition			
NAME	Kahan, Judy S.		2.2 NAME				İ			
STREET ADDRESS	206 CASTLEFORD CT N		2.3 STREET ADDRESS							
CITY-ST-ZIP	LONGWOOD FL		2. 4 CITY - ST - ZIP							
TITLE	0	DELETE	3.1 TITLE			Change	Addition			
NAME	SILVERBERG, MARK B.		3.2 NAME							
STREET ADDRESS	607 SWEETWATER COVE BLVD. S		3.3 STREET ADDRESS		i.					
CITY-ST-ZIP	LONGWOOD FL		3.4. CITY - ST - ZIP							
TITLE	D	DELETE	4.1 TITLE			Change	Addition			
NAME	SCHWARTZ, MURRAY		4. 2 NAME							
STREET ADDRESS	1010 VIRGINIA DRIVE		4.3 STREET ADDRESS							
CITY-ST-ZIP	ORLANDO FL		4.4 CITY-ST-ZIP							
TITLE	D	☐ DELETE	5.1 TITLE			Change	Addition			
NAME	WEBMAN, ED		5.2 NAME							
STREET ADDRESS	2801 ARDSLEY DR		5.3 STREET ADDRESS							
CITY-ST-ZIP	ORLANDO FL		5.4 CITY-ST-ZIP			····-				
TITLE	T	☐ DELETE	6.1 TITLE			Change	Addition			
NAME	LEFKOWITZ, JOE		6.2 NAME							
STREET ADDRESS	57 INTERLAKEN		6.3 STREET ADDRESS							
	ADI 4450 CI		■ '							

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 the attachment with an address.

SIGNATURE:

FILED

Mar 23 1998 8:00am

Secretary of State