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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 712225

1. Corporation Name

KINNERET, INC.

Principal Place of Business

515 S DELANEY AVE ORLANDO FL 32801

Mailing Address

515 S DELANEY AVE ORLANDO FL 32801



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

02/08/1967

4. FEI Number

59-6194199

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

KAHAN, JUDY S. 515 S. DELANEY ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D PERLMAN, RHONDA K. [] DELETE

NAME PERLMAN, RHONDA K. STREET ADDRESS 3900 NEPTUNE DR CITY-ST-ZIP ORLANDO FL 32804

TITLE ED KAHAN, JUDY S. [] DELETE

NAME KAHAN, JUDY S. STREET ADDRESS 206 CASTLEFORD CT N CITY-ST-ZIP LONGWOOD FL

TITLE O SILVERBERG, MARK B. [] DELETE

NAME SILVERBERG, MARK B. STREET ADDRESS 607 SWEETWATER COVE BLVD. S CITY-ST-ZIP LONGWOOD FL

TITLE D SCHWARTZ, MURRAY [] DELETE

NAME SCHWARTZ, MURRAY STREET ADDRESS 1010 VIRGINIA DRIVE CITY-ST-ZIP ORLANDO FL

TITLE D WEBMAN, ED [] DELETE

NAME WEBMAN, ED STREET ADDRESS 2801 ARDSLEY DR CITY-ST-ZIP ORLANDO FL

TITLE T LEFKOWITZ, JOE [X] DELETE

NAME LEFKOWITZ, JOE STREET ADDRESS 57 INTERLAKEN CITY-ST-ZIP ORLANDO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE [] Change [] Addition

1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

2.1 TITLE [] Change [] Addition

2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

3.1 TITLE [] Change [] Addition

3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

4.1 TITLE [] Change [] Addition

4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.1 TITLE [] Change [] Addition

5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.1 TITLE [] Change [X] Addition

6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

Treasurer Farlan Halikman 1201 S. ORLANDO AVE (SUITE 400) WINTER PARK, FL 32789

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/99 (407) 425-4537 Date Daytime Phone #

CR2E037 (1/98)