

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra E. Morfitt
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 12 PM 12:16

DOCUMENT # 739736 (7)

1. Corporation Name

KINNERET II, INC.

Principal Place of Business

Mailing Address

517 S DELANEY AVENUE
ORLANDO FL 32801

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ORLANDO FL 32801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/27/1977	3a. Date of Last Report 05/01/1994
4. FEI Number 59-1760028	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/> \$68.75 Supplemental Fee Not Required	
8. This corporation has liability for intangible tax under S. 100.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
29	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 agent 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWARTZ, MURRAY	1.2 NAME	
STREET ADDRESS	1003 KEWANNE TRAIL	1.3 STREET ADDRESS	1010 VIRGINIA DR
CITY - ST - ZIP	MAITLAND, FL 00000	1.4 CITY - ST - ZIP	ORLANDO, FL
TITLE	ED	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAHAN, JUDY S.	2.2 NAME	
STREET ADDRESS	208 CASTLEFORD CT N	2.3 STREET ADDRESS	
CITY - ST - ZIP	LONGWOOD FL	2.4 CITY - ST - ZIP	
TITLE	P	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVERBERG, MARK B.	3.2 NAME	
STREET ADDRESS	607 SWEETWATER COVE BLVD. S	3.3 STREET ADDRESS	
CITY - ST - ZIP	LONGWOOD FL	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENGLANDER, EDWARD	4.2 NAME	
STREET ADDRESS	440 HENKEL CIRCLE	4.3 STREET ADDRESS	
CITY - ST - ZIP	WINTER PARK FL	4.4 CITY - ST - ZIP	
TITLE	S	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEINER, BEN	5.2 NAME	
STREET ADDRESS	1213 VASSAR ST.	5.3 STREET ADDRESS	447 BRIARWOOD DR
CITY - ST - ZIP	ORLANDO FL	5.4 CITY - ST - ZIP	WINTER, FL
TITLE	D	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEISNER, ERIC	6.2 NAME	
STREET ADDRESS	4210 FORRESTAL AVENUE	6.3 STREET ADDRESS	1640 LEE RD
CITY - ST - ZIP	ORLANDO FL	6.4 CITY - ST - ZIP	WINTER PARK, FL

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 in an attachment with an address.

SIGNATURE:

Judy Kahan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUDY KAHAN

2/2/95

(407)
425-4537

789736

ADDITIONAL KINNERET BOARD MEMBERS

Rhonda K. Pearlman - V. Pres.
3900 Neptune Dr.
Orlando, FL 32804

Barry Render, Ph.D. - Dir.
2630 Via Tuscany
Winter Park, FL 32789

Joe Lefkowitz - Treasurer
57 Interlaken Rd.
Orlando, FL 32804

Robin C. Robuck - Dir.
2693 Queen Mary Place
Maitland, FL 32751

Jay M. Cohen - Dir.
1355 Orange Ave., Ste 4
Winter Park, FL 32789

Dr. Lowell Steinfeld - Dir.
1011 Golfside Dr.
Winter Park, FL 32792

Michael Kamenoff - Dir.
P.O. Box 652
Altamonte Springs, FL 32715

Ed Webman - Dir.
2801 Ardsley Dr.
Orlando, FL 32804

Hattie Wolfe - Dir.
446 Melrose Ave.
Winter Park, FL 32789