

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 739736 (7)
1. Corporation Name
KINNERET II, INC.



Principal Place of Business: 517 S DELANEY AVENUE ORLANDO FL 32801
Mailing Address: 517 S DELANEY AVENUE ORLANDO FL 32801

| | | | | | |
|--------------------------------|-------------|-------------------------|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 07/27/1977 | 3a. Date of Last Report 04/12/1995 |
| 21 | | 26 | | 4. FEI Number 59-1760028 | Applied For Not Applicable |
| 22. Suite, Apt. #, etc. | | 27. Suite, Apt. #, etc. | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 23. City & State | | 28. City & State | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 24. Zip | 25. Country | 29. Zip | 30. Country | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|----------------------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE | D <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SCHWARTZ, MURRAY | 1.2 NAME | |
| STREET ADDRESS | 1010 VIRGINIA DR. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | ORLANDO FL | 1.4 CITY-ST-ZIP | |
| TITLE | ED <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KAHAN, JUDY S. | 2.2 NAME | |
| STREET ADDRESS | 206 CASTLEFORD CT N | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | LONGWOOD FL | 2.4 CITY-ST-ZIP | |
| TITLE | P <input type="checkbox"/> DELETE | 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 <input type="checkbox"/> DELETE | 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 <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WEINER, BEN | 5.2 NAME | |
| STREET ADDRESS | 447 BRIARWOOD DR | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | WINTER FL | 5.4 CITY-ST-ZIP | |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 6.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PEISNER, ERIC | 6.2 NAME | TREASURER |
| STREET ADDRESS | 1640 LEE RD | 6.3 STREET ADDRESS | LEFKOWITZ, JOE |
| CITY-ST-ZIP | WINTER PARK FL | 6.4 CITY-ST-ZIP | 57 INTERLAKEN ORLANDO, FL 32804 |

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 119.07(3)(k), 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.

SIGNATURE: Judy Kahan JUDY KAHAN 1/26/96 (407) 425 4537
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)