

FILE NOW: FILING FEE IS \$61.25

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Feb 20 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 32801-3824

3. Date Incorporated or Qualified: 07/27/1977  
3a. Date of Last Report: 02/07/1996

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt #, etc. 26 Suite, Apt #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

4. FEI Number: 59-1760028  
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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  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 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 \_\_\_\_\_ (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
NAME	SCHWARTZ, MURRAY	
STREET ADDRESS	1010 VIRGINIA DR.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	ED	<input type="checkbox"/> DELETE
NAME	KAHAN, JUDY S.	
STREET ADDRESS	206 CASTLEFORD CT N	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	SILVERBERG, MARK B.	
STREET ADDRESS	607 SWEETWATER COVE BLVD. S	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ENGLANDER, EDWARD	
STREET ADDRESS	440 HENKEL CIRCLE	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WEINER, BEN	
STREET ADDRESS	447 BRIARWOOD DR	
CITY-ST-ZIP	WINTER FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	LEFKOWITZ, JOE	
STREET ADDRESS	57 INTERLAKEN	
CITY-ST-ZIP	ORLANDO FL	

1.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ROBUCK, ROBIN	
1.3 STREET ADDRESS	2693 QUEEN MARY PL	
1.4 CITY-ST-ZIP	MAITLAND, FL 32751	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 in an attachment with an address.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/97

CP2E037 (9/96)