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03-06-1999 90121 047 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 739736

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
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc. 4. FEI Number 59-1760028 Applied For Not Applicable
22 City & State 27 City & State 5. Certificate of Status Desired \$8.75 Additional Fee Required
23 Zip Country 28 Zip Country 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
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
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 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE D SCHWARTZ, MURRAY DELETE 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
STREET ADDRESS 1010 VIRGINIA DR. ORLANDO FL
CITY-ST-ZIP
TITLE ED KAHAN, JUDY S. DELETE 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
STREET ADDRESS 206 CASTLEFORD CT N LONGWOOD FL
CITY-ST-ZIP
TITLE P SILVERBERG, MARK B. DELETE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
STREET ADDRESS 607 SWEETWATER COVE BLVD. S LONGWOOD FL
CITY-ST-ZIP
TITLE S ROEBUCK, ROBIN DELETE 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
STREET ADDRESS 2693 QUEEN MARY PL MATLAND FL
CITY-ST-ZIP
TITLE S WEINER, BEN DELETE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
STREET ADDRESS 447 BRIARWOOD DR WINTER FL
CITY-ST-ZIP
TITLE T LEFKOWITZ, JOE DELETE 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP
STREET ADDRESS 57 INTERLAKEN ORLANDO FL
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 2/24/99 (407)425-4537 Date Daytime Phone #

CR2E037 (1/98)