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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.

22 City & State

23 Zip Country

24 25 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

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 ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☒ DELETE

NAME **T 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 ☒ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/99 (407) 425-4537

Date Daytime Phone #

CR2E037 (11/98)