FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L31310

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KOSHER WORLD, INC.

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FILED

Mar 12 1998 8:00am

Secretary of State

of Business	Mading Address	
NUE NORTH	2619 23RD AVENUE NORTH	

Principal Place	of Business	Mailing Address								Athti shar	
2619 23RD AVENUE NORTH			2619 23RD AVENUE NORTH								
ST. PETERSBI	URG FL 33713	ST. PETERSBURG FL	33713			DO NOT WRITE IN	THIC C	DACE			
						3. Date Incorporated or Qualified	111100	- AOE			٦
						11/20/1989					1
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		T	Apr	olied For	┪
21		26				59-2995864				Applicable	,
Suite, Apt	W, etc.	Suite, Apt. #, etc.				_	¬	\$8.	75 A	dditional	7
22		[27]				5. Certificate of Status Desired L	J	Fe	e Rec	quired	
City & State	•	City & State				6. Election Campaign Financing	_	\$5	.00	May Be	1
23		28				Trust Fund Contribution	╛	Ad	ded to	Fees	╛
Zip	Country	Zip	Cour	ntry		8. This corporation owes or has paid t	•	<i>y</i>	_		
24	25	[29]	30			Personal Properly Tax due June 30		Yes		No	4
	g. Name and Address of Cur	rent Registered Agent		81	Name	10. Name and Address of New Regis	ered A	gent			\dashv
	ECE, WILLIAM H.		ļ	۱"	Name						1
	O CENTRAL AVE			82	Street Ac	ldress (P.O. Box Number is Not Acceptable)					7
डा.	PETERSBURG FL 33707		}	83							\dashv
			l	83							
			Ì	84	City			85	Zip C	ode	٦
44 Purcupal t	a the provisions of Sections 6077	W.112 and 607 11:08 Florida Sta	studes the ab		named or	progration submits this statement for the surr	FL cee of	chang	ing ite	rogistered	4
office or re	ogistered agent, or both, in the St	ate of Florida, Such change wa	as authorized	by	the corpor	orporation submits this statement for the purp ration's board of directors. I hereby accept the	e appo	intmer	it as i	egistered	1
	n tamiliar with, and accept the of	algations of Section 607.0505,	, Florida Stati	JES.							1
SIGNATURE	Signature, typed or printed name of registered	Lacent and tak if apply able (1)	NOTE Repistered	Aper	nt signature rec	guired when reinstating)	DATE				1.
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICER		DIREC	TORS	S IN 12	¦
TITLE	PD	DLLETE	1.1 TH	LE				Cha	inge	Addition	75
NAME	GOETZ, JOEL		1.2 NA	Μê							
STREET ADDRESS	58 DOLPHIN DRIVE		1.3 STF	REET	ADDRESS						18
CITY-ST-ZIP	TREASURE ISLAND FL		1.4 C/T	Y-\$1	- ZIP						18
TITLE	STD	DETELE	2.1 117	LF				□ Cha	nge	Addition	٦
NAME	GOETZ, ELLEN		2.2 NA	ME							
STREET ADDRESS	58 DOLPHIN DRIVE		2.3 \$16	REET	ADDRESS						l
CITY-ST-ZIP	TREASURE ISLAND FL		2. 4 CI	IV-S	T-ZIP						
TITLE		DELETE	3.1 TIT	LE				Cha	nge	☐ Addition	
NAME			3 2 NA	MĒ	[
STREET ADDRESS			3.3 ST	REET A	ADDRESS						
CITY - ST - ZIP			3.4. CI		T-ZIP			- 1			4
TITLE		☐ DELETE	4.1 TIT	LE			l	Cha	nge	Addition	l
NAME			4. 2 NA	ME							
STREET ADDRESS			4.3 STF	REET	ADDRESS						
CITY-ST-ZIP			4.4 CIT		- ZIP			-			4
TITLE		☐ DELETE	5.1 TiTi		1		l	Cha	nge	Addition	1
NAME			5.2 NA								
STREET ADDRESS			5.3 STF	REET	address						-
CITY-ST-ZIP			5.4 CIT		- ZIP	——————————————————————————————————————		71 ~:			4
TITLE		☐ DELETE	6 1 717		1			Cha	បទិទ	Addition	
NAME			6 2 NA								
STREET ADDRESS			63 STF	REET A	address						}
CITY - ST - ZIP		51 - 52,172,1 1 1 2,22 27 12 27 27 27 27 27 27 27 27 27 27 27 27 27	6.4 CIT								1
14. I hereby c	ertify that the information supplied	d with this filing does not qualif	fy for the exe	mpt	ion stated	in Section 119.07(3)(i), Florida Statutes I furi	her cer	lify tha	it the i	information	1

officer or director of the corporation opposed with this fining docs not quality for the exemplicin stated in section 119.07(5)(f), Fiorida statutes 110miner certify that the imorthalic indicated on this 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 of the receiver or frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or oping attachment with an address