

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

APPROVED  
AND  
FILED

95 MAY -1 AM 9:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **N35046** (4)  
1. Corporation Name  
**ESTHER NETWORK INTERNATIONAL, INC.**

Principal Place of Business Mailing Address  
**C/O ESTHER S. ILSKY** **C/O ESTHER S. ILSKY**  
**2840 FARRAGUT LANE** **2840 FARRAGUT LANE**  
**WEST PALM BEACH FL 33409** **WEST PALM BEACH FL 33409**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>09/11/1989</b>	3a. Date of Last Report <b>04/28/1994</b>
4. FEI Number <b>65-0196524</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <i>See a-to</i> <input checked="" type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suits, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**ILNISKY, ESTHER S.**  
**2840 FARRAGUT LANE**  
**WEST PALM BEACH FL 33409**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>VTD</b>
NAME	<b>ILNISKY, WILLIAM N.</b>
STREET ADDRESS	<b>2840 FARRAGUT LANE</b>
CITY, ST, ZIP	<b>W. PALM BEACH FL</b>
TITLE	<b>PD</b>
NAME	<b>ILNISKY, ESTHER S.</b>
STREET ADDRESS	<b>2840 FARRAGUT LANE</b>
CITY, ST, ZIP	<b>W. PALM BEACH FL</b>
TITLE	<b>SD</b>
NAME	<b>GOODWIN, DAISY</b>
STREET ADDRESS	<b>11930 HARBOR COVE DR.</b>
CITY, ST, ZIP	<b>JACKSONVILLE FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and checked and qualify for the exemption stated in Section 119.07(3)(b), 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: *Esther S. Ilisky*  
SIGNATURE AND TYPED OR PRINTED NAME OF BOHIM OFFICER OR DIRECTOR  
**ESTHER S. ILSKY**

4/27/95 Date  
407-832-6480 Expires Please

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
**1995**



FLORIDA DEPARTMENT OF STATE  
Marcha B. Morfitt  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N35046 (4)**

ESTHER NETWORK INTERNATIONAL, INC.

Principal Place of Business: **C/O ESTHER S. ILSKY  
2840 FARRAGUT LANE  
WEST PALM BEACH FL 33409**

Mailing Address: **C/O ESTHER S. ILSKY  
2840 FARRAGUT LANE  
WEST PALM BEACH FL 33409**

2. Principal Place of Business: **21**

2a. Mailing Address: **26**

22. Suite, Apt. # etc. **27**

23. City & State: **28**

24. Zip: **25** Country: **29**

30. Country

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified: **09/11/1989**

3a. Date of Last Report: **04/28/1994**

4. FE Number: **65-0196524**

Applied For:  Not Applicable:

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Political Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: *See note*  **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under § 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent

**ILNSKY, ESTHER S.  
2840 FARRAGUT LANE  
WEST PALM BEACH FL 33409**

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>VTD</b>
NAME	<b>ILNSKY, WILLIAM N.</b>
STREET ADDRESS	<b>2840 FARRAGUT LANE</b>
CITY, ST, ZIP	<b>W. PALM BEACH FL</b>
TITLE	<b>PD</b>
NAME	<b>ILNSKY, ESTHER S.</b>
STREET ADDRESS	<b>2840 FARRAGUT LANE</b>
CITY, ST, ZIP	<b>W. PALM BEACH FL</b>
TITLE	<b>SD</b>
NAME	<b>GOODWIN, DAISY</b>
STREET ADDRESS	<b>11930 HARBOR COVE DR.</b>
CITY, ST, ZIP	<b>JACKSONVILLE FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 110.07(3)(B), 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: *Esther S. Ilnisky*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**ESTHER S. ILSKY**

4/27/95  
6048340

**PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE FORM. IF YOU NEED ASSISTANCE, PLEASE CALL THE ANNUAL REPORT SECTION AT (904) 487-6056.**

<b>FILING FEE \$130.00</b>	<b>ANNUAL REPORT \$61.25 + \$68.75 CORPORATION SUPPLEMENTAL FEE MAKE CHECK PAYABLE TO DEPARTMENT OF STATE</b>
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**Reminder:**

1. Changes in addresses, officers and registered agent must be typed or printed in ink and legible.
2. Include information in Blocks 3 and 4 if not preprinted by the computer.
3. Signature of the proper officer or director as noted in instructions for Block 14.
4. Indicate liability for intangible tax unit.
5. Submit with total amount due in the Fee is \$130.00.

*N35046*

ites Bank to Department of State.)

- Block 1. Block 1 is preprinted with the corporation of corporation cannot be changed by w
- Block 2. Enter the principal place of business if i
- Block 2a. If the computer-entered mailing address
- Block 3. Enter the date of incorporation or qual
- Block 3a. Enter the file date of the last filed annu
- Block 4. Complete Block 4 by entering your Fed now provide the FEI number. For assis
- Block 5. Should you desire a certificate reflectir fee.
- Block 6. Florida law allows for a voluntary cont and members of the Cabinet. If you wi
- Block 7. If this corporation is a non-profit corp is not subject to the \$68.75 suppleme corporation fee. Please direct all que
- Block 8. Check the appropriate box. Please dir
- Block 9. The law requires that each corporatio in Block 10. There is no additional ter
- Block 10. Enter name of new Registered Agent THE CORPORATION CANNOT BE ITE
- Block 11. The new registered agent must indic signing in Block 11. No signature is i their position with the corporation. A
- Block 12. Block 12 contains the last informati block 13. If there is no change in the
- Block 13. Block 13 is for changes or additione title line: P=President; V=Vice Pres. positions, e.g., S/D; V/S; V/T/D. A N or "T" MUST BE PLACED BY THE N director's address is confidential pl If there is no street address, enter the mailing address and
- Block 14. This report must be signed in Block 14 with an original signature by either the President, Vice President, Secretary, Treasurer or Director of the Corporation that is listed in Block 12, Block 13 if a change, or on an attachment with a street address. If the corporation is in the hands of a receiver, it must be signed by the trustee or receiver. A signature placed on an attachment in lieu of placement in Block 14 is unacceptable.

From the desk of

**ESTHER S. ILNISKY**

*I am informed that BNI 501c3 status is gathering in the near future and have been advised to send these fees.*

*Mrs. The President, Exemption Organization Special it is handling the processing, out of the Atlanta office.*

*Esther Ilusky*

reported to our office. The name

ed, in Block 2.

table.

is preprinted in Block 4, you must

e an additional \$8.75 with your filing

ampaigns for the offices of the Governor

use check the box. The corporation ons must pay the supplemental

correct, enter the correct information

T acceptable for service of process.

d this appointment by completing and ration, the person signing must state

rections or additions are to be made in

Use the following type symbols on the olds more than one position, enter all STREET ADDRESSES. THE LETTER "D" AGE OR OLDER. NOTE: If officer or /Directors must list street addresses.

**Send only 1995 Preprinted Annual Reports with stub and check to:**  
 Division of Corporations  
 Annual Reports  
 Post Office Box 1500  
 Tallahassee, Florida 32302-1500  
 Phone Number: (904) 487-6056

**Send all other filings and correspondence to this address:**  
 Annual Reports Section  
 Division of Corporations  
 Post Office Box 6327  
 Tallahassee, Florida 32314  
**Street Address (Overnight Delivery):**  
 409 East Gaines Street  
 Tallahassee, Florida 32399

**INFORMATION REGARDING RETURNED CHECK**

If the check submitted with this report is returned by a bank for any reason, the report will be cancelled and considered not filed. The Department of State will administratively dissolve the corporation if a replacement payment with service charge and annual report are not resubmitted within the prescribed time frame.

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
SERIES B - ANNUAL REPORT  
CORPORATION  
CORPORATION # 12000000000000

APPROVED  
AND  
FILED

DOCUMENT # **N35048** (0)

**MIAMI BEACH METHODIST CHILD CARE CENTER, INC.**

APR 21 1995 10:03

DEPARTMENT OF STATE  
MIAMI BEACH, FLORIDA

Principal Place of Business: **C/O REVEREND LEX RIVERS  
4760 PINE TREE DRIVE  
MIAMI BEACH FL 33140**

Mailing Address: **C/O REVEREND LEX RIVERS  
4760 PINE TREE DRIVE  
MIAMI BEACH FL 33140**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **21**

2a. Mailing Address: **26**

3. Date of Last Report: **03/22/1994**

4. FEI Number: **59-0191512**

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status:  **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under § 199.032, Florida Statutes:  Yes  No

3. Date Incorporated or Qualified: **11/06/1989**

3a. Date of Last Report: **03/22/1994**

4. FEI Number: **59-0191512**

Applied For:  Not Applicable

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RIVERS, LEX REVEREND  
4760 PINE TREE DRIVE  
MIAMI BEACH FL 33140**

**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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 1995

1. TITLE	CD
2. NAME	SHERIFF, MARGARET
3. STREET ADDRESS	4444 ALTON ROAD
4. CITY, ST, ZIP	MIAMI BEACH FL
5. TITLE	VD
6. NAME	LAFARTUNE, TERESA
7. STREET ADDRESS	1662 LINCOLN CT. 202
8. CITY, ST, ZIP	MIAMI BEACH FL
9. TITLE	SD
10. NAME	FLOWERS, WENDY
11. STREET ADDRESS	528 W. DILIDO DRIVE
12. CITY, ST, ZIP	MIAMI BEACH FL
13. TITLE	TD
14. NAME	BREEDLOVE, AREANNE
15. STREET ADDRESS	321 W 63RD ST
16. CITY, ST, ZIP	MIAMI BEACH FL
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	
21. TITLE	
22. NAME	
23. STREET ADDRESS	
24. CITY, ST, ZIP	

1. TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	Rivers, Lex Reverend	
3. STREET ADDRESS	4760 Pine Tree Drive	
4. CITY, ST, ZIP	Miami Beach, FL 33140	
5. TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	Barnes-Fimat, Whitney	
7. STREET ADDRESS	1175 North Shore Drive	
8. CITY, ST, ZIP	Miami Beach, FL 33141	
9. TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	Meras-Hefner, Connie	
11. STREET ADDRESS	4530 Nautilus Drive	
12. CITY, ST, ZIP	Miami Beach, FL 33140	
13. TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	Guzman, Roberto	
15. STREET ADDRESS	4740 Alton Road	
16. CITY, ST, ZIP	Miami Beach, FL 33140	
17. TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
18. NAME	Enos, Severine	
19. STREET ADDRESS	5235 n. Bay Road	
20. CITY, ST, ZIP	Miami Beach, FL 33140	
21. TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22. NAME	Cacabilos, Marilyn	
23. STREET ADDRESS	3611 Collins Avenue #105	
24. CITY, ST, ZIP	Miami Beach, FL	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption noted in Section 119.07(2)(b), 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 of the corporation and that I am qualified 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 addition.

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

Rev. Lex Rivers Date **4/27/95** (305) 531-7166