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Jan 22 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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



DOCUMENT # N95000002798 (5)  
1. Corporation Name  
KESHER L.D., INC.

Principal Place of Business: 3121 W. HALL BCH BLVD #101 PEMBROKE PARK FL 33009  
Mailing Address: 3121 W. HALL BCH BLVD #101 PEMBROKE PARK FL 33009

3. Date Incorporated or Qualified: 06/07/1995  
4. FEI Number: 65-0591858  
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. Is this nonprofit corporation a homeowners association?  Yes  No  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

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

9. Name and Address of Current Registered Agent  
CHUSID, HOWARD  
3109 W. HALL BCH BLVD #102  
PEMBROKE PARK FL 33009

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable): 3121 W. Hall Blvd #101  
83 City: Pembroke Park  
84 State: FL 85 Zip Code: 33009

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD CHUSID, HOWARD	1.1 TITLE	
NAME	3121 W. HALL BCH BLVD #101	1.2 NAME	
STREET ADDRESS	PEMBROKE PARK FL 33009	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VPD COHEN, SHELLY	2.1 TITLE	
NAME	3121 W. HALL BCH BLVD #101	2.2 NAME	
STREET ADDRESS	PEMBROKE PARK FL 33009	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D RAUZIN, ALAN	3.1 TITLE	
NAME	3121 W. HALL BCH BLVD #101	3.2 NAME	
STREET ADDRESS	PEMBROKE PARK FL 33009	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	SD WITTLIN, LAURI	4.1 TITLE	
NAME	3121 W. HALL BCH BLVD #101	4.2 NAME	
STREET ADDRESS	PEMBROKE PARK FL 33009	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 in an attachment with an address.

SIGNATURE: *W. J. Howard, Secretary* DATE: 1/21/98  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Daytime Phone # 954-965-5888

CR2E037 (10/97)