

FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 22, 1999 8:00 am  
Secretary of State

02-22-1999 90140 033 \*\*\*\*61.25

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # N95000002798

1. Corporation Name  
KESHER L.D., INC.

98475 - 90140 - 33

Principal Place of Business  
Michael-Ann Russell J.C.C.  
Sanford L. Ziff Campus  
18900 N.E. 25th Ave.  
North Miami Beach, FL 33180

Mailing Address  
Michael-Ann Russell J.C.C.  
Sanford L. Ziff Campus  
18900 N.E. 25th Ave.  
North Miami Beach, FL 33180



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	06/07/1995	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Zip	65-0591858	
24	Country	29	Country	Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>	
				\$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent  
CHUSID, HOWARD  
Michael-Ann Russell J.C.C.  
Sanford L. Ziff Campus  
18900 N.E. 25th Ave.  
North Miami Beach, FL 33180

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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	Michael-Ann Russell J.C.C. <input type="checkbox"/> Addition
NAME	CHUSID, HOWARD	1.2 NAME	Sanford L. Ziff Campus
STREET ADDRESS	3121 W. HALL BCH BLVD #101	1.3 STREET ADDRESS	18900 N.E. 25th Ave.
CITY-ST-ZIP	PEMBROKE PARK FL 33009	1.4 CITY-ST-ZIP	North Miami Beach, FL 33180
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	Michael-Ann Russell J.C.C. <input type="checkbox"/> Addition
NAME	RAUZIN, ALAN	2.2 NAME	Sanford L. Ziff Campus
STREET ADDRESS	3121 W. HALL BCH BLVD #101	2.3 STREET ADDRESS	18900 N.E. 25th Ave.
CITY-ST-ZIP	PEMBROKE PARK FL 33009	2.4 CITY-ST-ZIP	North Miami Beach, FL 33180
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	Michael-Ann Russell J.C.C. <input type="checkbox"/> Addition
NAME	WITTLIN, LAURI	3.2 NAME	Sanford L. Ziff Campus
STREET ADDRESS	3121 W. HALL BCH BLVD #101	3.3 STREET ADDRESS	18900 N.E. 25th Ave.
CITY-ST-ZIP	PEMBROKE PARK FL 33009	3.4 CITY-ST-ZIP	North Miami Beach, FL 33180
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 on an attachment with an address, with all other like empowered.

SIGNATURE: HOWARD CHUSID DATE: 1/15/98 DAYTIME PHONE: 305-792-7066

CR2E037 (11/98)