

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jul 28, 1999 8:00 am
Secretary of State

07-28-1999 90011 004 ****61.25

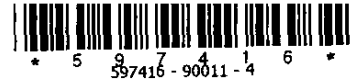
DOCUMENT # N96000003329

1. Corporation Name

GESHERIM L'YISRAEL, INC.

Principal Place of Business
1927 HARRISON STREET
TITUSVILLE FL 32780

Mailing Address
1927 HARRISON STREET
TITUSVILLE FL 32780



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		06/21/1996	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		NOT APPLICABLE	
24 Country		29 Country		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

SPERLING, MARCIA
3645 BARNA AVE., #30C
TITUSVILLE FL 32780

SAME PERSON
NOW MARCIA RUSHTON

10. Name and Address of New Registered Agent

81 Name MARCIA RUSHTON (FORMERLY SPERLING)
82 Street Address (P.O. Box Number is Not Acceptable) 1927 HARRISON ST
83 City TITUSVILLE
84 City TITUSVILLE FL 85 Zip Code 32780

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 Marcia Rushton

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	D	DELETE
NAME	SPIRES, DONALD DR	
STREET ADDRESS	P.O. BOX 540895 N/A	
CITY-ST-ZIP	ORLANDO FL 32854	
TITLE	D	DELETE
NAME	MASCIA, PIERRE REV	
STREET ADDRESS	3800 SUTTERS MILL CL	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	P	DELETE
NAME	RUSHTON, DAVID	
STREET ADDRESS	1927 HARRISON ST	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	ST	DELETE
NAME	RUSHTON, MARCIA	
STREET ADDRESS	1927 HARRISON ST	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	D	DELETE
NAME	LEEPER, PAT	
STREET ADDRESS	631 JAMESTOWN BLVD., #1204	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	ROY GINDER	Change	Addition
1.2 NAME	200 GREENBRIAR AV.		
1.3 STREET ADDRESS	ORMOND BEACH FL 32174		
1.4 CITY-ST-ZIP			
2.1 TITLE	MAUREN GINDER	Change	Addition
2.2 NAME	200 GREENBRIAR AV.		
2.3 STREET ADDRESS	ORMOND BEACH FL 32174		
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			

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: DAVID RUSHTON 7/22/99 (407) 264 2182

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)

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