

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000000171 (7)

1. Corporation Name

KOSHER SUPERVISION OF FLORIDA, INC.



Principal Place of Business

4816 TAFT STREET
HOLLYWOOD FL 33021
US

Mailing Address

POST OFFICE BOX 7806
HOLLYWOOD FL 33081
US

3. Date Incorporated or Qualified
12/28/1992

3a. Date of Last Report
02/27/1995

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

65-0509128

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOLDMAN, CHARLES J
801 S. FEDERAL HWY
HOLLYWOOD FL 33020

81 Name
Morton Malovsky
82 Street Address (P.O. Box Number is Not Acceptable)
4816 Taft St
83 Hollywood FL 33021
84 City

FL 85 Zip Code
33021

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 Morton Malovsky, D

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered agent signature is required when reinstating)

DATE

1/16/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME MALOVSKY, MORTON
STREET ADDRESS 4816 TAFT STREET
CITY-ST-ZIP HOLLYWOOD FL

DELETE

1.1 TITLE Registered Agent
1.2 NAME Morton Malovsky
1.3 STREET ADDRESS 4816 Taft St
1.4 CITY-ST-ZIP Hollywood FL 33021

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/96 (954) 962-6222
Date Daytime Phone

CR2E034 (12/95)