FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000012624 1. Corporation Name

KESHET ENTERPRISES, INC.

	·								
Principal Place of Business Mailing Address				·					
1434 BCH BLV		3436 PALM ISLAND RD							
JACKSONVILLE FL 32246 US		JACKSONVILLE FL 32250 US				DO NOT WRITE IN THIS SPACE			
US		00				3. Date Incorporated or Qualifed			
						02/14/1994			ĺ
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	A	oplied For	
21 1434 BEACH BLVD 26						59-3233918	N	ot Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired		Additional	ĺ
22		27						equired .	
City & Stat		City & State				6. Election Campaign Financing Trust Fund Contribution	•	May Be to Fees	
	conville Beach A	28 Zip	Соп	ntry	_	8. This corporation owes the current year to		IO FEES	İ
Zip 24 320	- 1.4	29 30	-m	,,,,		Personal Property Tax.	Yes	IZNo	
24 320	9. Name and Address of Current	,	<u></u>			10. Name and Address of New Registered	d Agent		<u> </u>
				81 N	lame				
	K, ELI		-	82 S	treet Addr	ress (P.O. Box Number is Not Acceptable)			l
11316 BEACH BLVD.				قراين	3436	PAIM ISIMUD RUA.	0		
JACI	KSONVILLE FL 32246			83	70-				
				84 C	ity		85 Zip	Code	}
,	A					Tacksonville F	L ZZ	1250	
11. Pursuant	to the provisions of Sections 307.0502	and 607.1508, Florida Statutes,	, the at	ove-na	amed corp	oration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its	s registered eaistered	
agent. I a	im familiar with, and adept the obligation	ons of, Section 607.0505, Florid	a Statu	ites.	oorpora	./	1.		İ
SIGNATURE	// 🧸					<u> </u>	199		1
	Signature, typed or printed name of registered agent OFFICERS AND		egistered 13.	Agent sign	nature require	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	ORS IN 12	CR2E034 (11/98)
12.	PTD OFFICERS AND	DELETE	1.1 TIT			ADDITIONS/CHANGES TO CITICETO A	Change	Addition	1
TITLE	'_ ' = .		Į.					_	4
NAME	OFEK, ELI 3436 PALM ISLAND ROAD		1.2 NAME 1.3 STREET ADDRESS		npecs				၂ က
STREET ADDRESS	JACKSONVILLE BEACH FL 32250			. 1.4 CITY-ST-ZIP		-			22
CITY-ST-ZIP TITLE	VSD DELETE			2.1 TITLE			Change	Addition	5
NAME	OFEK, BARBARA			2,2 NAME					
STREET ADDRESS	CARO DALLA IOLAND DOAD		L	REET ADD	DRESS				
CITY-ST-ZIP	JACKSONVILLE BEACH FL 3225	50		TY-ST-ZI			مسيسيسية	<u>, , , , , , , , , , , , , , , , , , , </u>	_ نيز إ
TITLE		☐ DELETE	3,1 777	TE.			☐ Change	Addition	}
NAME			3.2 NA	ME					ļ
STREET ADDRESS			3.3 ST	REETADO	DRESS				
CITY-ST-ZIP			3.4. Ci	TY-ST-ZI	IP.	-			1
TITLE		☐ DELETE	4.1 TIT	LE		-	Change	Addition	Ì
NAME			4. 2 N	AME					
STREET ADDRESS			4.3 ST	REET ADI	DRESS				
CITY-ST-ZIP			4.4 CF	TY-ST-ZIF	P				-
TITLE		☐ DELETE	5.1 111				Change	Addition	
NAME			5.2 NA						
STREET ADDRESS	}			REET ADO	l l				
CITY-ST-ZIP				TY-ST-Z#	P -		Chance	Addition	1
TITLE	1	☐ D£LETE	6.1 TIT	LE	- 1		Change		1

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 employeed 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, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: _

NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED JAME OF SIGNING OFFICER OR DIRECTOR

FILED

May 05, 1999 8:00 am Secretary of State

05-05-1999 90056 048 ***150.00