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Apr 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000022750 (1)

1. Corporation Name
BRUCE E. ZISMAN, P.A.



Principal Place of Business Mailing Address
796 MARBURY LANE 796 MARBURY LANE
LONGBOAT KEY FL 34228 LONGBOAT KEY FL 34228-1442

3. Date Incorporated or Qualified 03/21/1994 3a. Date of Last Report 04/11/1996

4. FEI Number 65-0505499 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

2. Principal Place of Business 2a. Mailing Address
21 796 MARBURY LN Longboat Key FL 26 796 MARBURY LN.
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 Longboat Key FL 28 FLORIDA
Zip 24 34228 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
ZISMAN, BRUCE E
796 MARBURY LANE
LONGBOAT KEY FL 34228
B1 Name N/A
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL B5 Zip Code

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 Bruce E. Zisman Pres. DATE 4-3-97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE D ☐ DELETE 1.1 TITLE ☐ Change ☐ Addition
NAME ZISMAN, BRUCE E 1.2 NAME
STREET ADDRESS 796 MARBURY LANE 1.3 STREET ADDRESS
CITY - ST - ZIP LONGBOAT KEY FL 34228 1.4 CITY - ST - ZIP
TITLE ☐ DELETE 2.1 TITLE ☐ Change ☐ Addition
NAME 2.2 NAME
STREET ADDRESS 2.3 STREET ADDRESS
CITY - ST - ZIP 2.4 CITY - ST - ZIP
TITLE ☐ DELETE 3.1 TITLE ☐ Change ☐ Addition
NAME 3.2 NAME
STREET ADDRESS 3.3 STREET ADDRESS
CITY - ST - ZIP 3.4 CITY - ST - ZIP
TITLE ☐ DELETE 4.1 TITLE ☐ Change ☐ Addition
NAME 4.2 NAME
STREET ADDRESS 4.3 STREET ADDRESS
CITY - ST - ZIP 4.4 CITY - ST - ZIP
TITLE ☐ DELETE 5.1 TITLE ☐ Change ☐ Addition
NAME 5.2 NAME
STREET ADDRESS 5.3 STREET ADDRESS
CITY - ST - ZIP 5.4 CITY - ST - ZIP
TITLE ☐ DELETE 6.1 TITLE ☐ Change ☐ Addition
NAME 6.2 NAME
STREET ADDRESS 6.3 STREET ADDRESS
CITY - ST - ZIP 6.4 CITY - ST - ZIP

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Bruce E. Zisman DATE 4-3-97 941-383-5252
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #
0422899

CR2E034 (9/96)