



SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 21, 1999 8:00 am
Secretary of State

07-21-1999 90016 021 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999	 	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000022750

1. Corporation Name

BRUCE E. ZISMAN, P.A.

Principal Place of Business

**796 MARBURY LANE
LONGBOAT KEY FL 34228
US**

Mailing Address

**796 MARBURY LANE
LONGBOAT KEY FL 34228**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/21/1994

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 owes the current year
Intangible Personal Property. ☐ Yes ☒ No

2. Principal Place of Business

21 So. 440 Gulf of Mexico, Dr.

2a. Mailing Address

26 P.O. Box 8421

Suite, Apt. #, etc.

22 M. Saunders + Co.

Suite, Apt. #, etc.

City & State

23 Longboat Key FL.

City & State

28 Longboat Key, FL.

Zip

24 34228

Country

Zip

29 34228

Country

30

9. Name and Address of Current Registered Agent

**ZISMAN, BRUCE E
796 MARBURY LANE
LONGBOAT KEY FL 34228**

10. Name and Address of New Registered Agent

81 Name

SAME

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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**
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	<input type="checkbox"/> DELETE
NAME	ZISMAN, BRUCE E	
STREET ADDRESS	796 MARBURY LANE	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
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TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	P.O. Box 8421
1.4 CITY-ST-ZIP	Longboat Key, FL. 34228

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 21, 1999
Date

941/383-7591
Daytime Phone #

CR2E034 (5/99)

P94000022750
593165-90016-21

Florida Department of State
Annual Reports Filings
P.O. Box 1500
Tallahassee, FL. 32302-1500

July 28, 1999

To Whom It May Concern,

Upon receipt of your annual report packet, I discovered this to read "2nd Notice". This is the first notice of this filing fee that I have received this year. My address changed in March of this year from 786 Marbury Lane, Longboat Key, Florida, to P.O. Longboat Key, Florida. I have had difficulty in receiving other mailings as well.

I called your office today and informed them of this dilemma of a "2nd notice" for which The lady that answered in your office instructed me to enclose this letter of explanation and a check in the enclosed amount of \$150.00.

Please change my mailing information for future use. If there are further concerns, please contact me at your earliest convenience.

Sincerely,

Bruce E. Zisman

Bruce E. Zisman