FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 JUL 17 PM 2:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000030992

1. Corporation Name
Esther Weisman Enterprises, Inc.

Principal Place of Business	Mailing Address
4830 W. Kennedy Blvd. Ste. 160/176 Tampa, FL 33609	4830 W. Kennedy Blvd. Ste. 160/176 Tampa, FL 33609

000001545730
-07/25/95--01097--012
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 ____ Suite, Apt #, etc. 22 ____ City & State 23 ____ Zip 24 ____ Country 25 ____
2a. Mailing Address 26 ____ Suite, Apt #, etc. 27 ____ City & State 28 ____ Zip 29 ____ Country 30 ____

3. Date Incorporated or Qualified: 4/22/94
3a. Date of Last Report:
4. FEI Number: 59-3266601 ☐ 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

Frank J. Rief, III
100 North Tampa Street, Ste. 2800
Tampa, FL 33602-5126

10. Name and Address of New Registered Agent

81 Name
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 ____
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	P,D,S,T
NAME	Kirk Owen Weisman
STREET ADDRESS	4830 W. Kennedy Blvd., Ste. 160/176
CITY-ST-ZIP	Tampa, FL 33609
TITLE	VP,S,D
NAME	Kenneth Lee Weisman
STREET ADDRESS	4830 W. Kennedy Blvd., Ste. 160/176
CITY-ST-ZIP	Tampa, FL 33609
TITLE	D
NAME	Esther Weisman
STREET ADDRESS	4830 W. Kennedy Blvd., Ste. 160/176
CITY-ST-ZIP	Tampa, FL 33609
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	T.S. 7/17/95
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition (blank, six entries)

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(1)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental 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 — Title — Daytime Phone #
Kirk O. Weisman