

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Jun 10 1997 8:00am
Secretary of State

DOCUMENT # P94000030992 (9)

1. Corporation Name
ESTHER WEISMAN ENTERPRISES, INC.

Principal Place of Business
% 4830 W. KENNEDY BLVD.
SUITE 160/176
TAMPA FL 33609

Mailing Address
% 4830 W. KENNEDY BLVD.
SUITE 160/176
TAMPA FL 33609



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

3. Date Incorporated or Qualified 04/22/1994	3a. Date of Last Report 05/01/1996
4. FEI Number 59-3266601	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
RIEF, FRANK J III 100 NORTH TAMPA ST. SUITE 2800 TAMPA FL 33602-5128		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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11 TITLE	12 NAME
<input type="checkbox"/> DELETE	WEISMAN, ESTHER	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	4830 WEST KENNEDY BLVD., STE. 160/176		
	TAMPA FL 33609		
<input type="checkbox"/> DELETE	WEISMAN, KIRK O	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	4830 WEST KENNEDY BLVD., STE. 160/176		
	TAMPA FL 33609		
<input type="checkbox"/> DELETE	WEISMAN, KENNETH L	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	4830 WEST KENNEDY BLVD., STE. 160/176		
	TAMPA FL 33609		
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: _____ SIGNATURE REQUIRED: _____

CR2E034 (9/96)