FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS

5)

KIRK WEISMAN ENTERPRISES, INC.					[] \$ \$ \$ (1 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	IJI Ba ide Bajes 11991 a	1110 1110 1218 1021 100	ı
Principal Place	e of Business	Mailing Address		~				
% 1515 RIN Suite 690 Sarasota	NGLING BLVD. Fl 34236	% 1515 RINGLING (Suite 690 Sarasota FL 3423			Date Incorporated or Qualified	3a. Date of L	ast Report	1
					04/22/1994)1/1995	
2. Principal Pla	ace of Business	2a. Mailing Address		*1	4. FEI Number	1 03/0	Applied For	-
21		26			65-05 18835		Not Applicable	
Suite, Apt. :		Suite, Apt. #, etc			5. Certificate of Status Desired		B.75 Additional Fee Required	
City & State		City & State			Election Campaign Financing Trust Fund Contribution		55.00 May Be Added to Fees	
Zip 24	25 Country	Ζφ 29	Country 30			intangible tax und No	der s. 199.032,	
	9. Name and Address of Currer	t Registered Agent			10. Name and Address of New R	egistered Agen	ıt	
			81	Name				
100 NC	FRANK J III DRTH TAMPA ST.		82	Street Addr	ess (P.O. Box Number is Not Acceptab	le)		
SUITE			83					
IAMPA	FL 33602-5126		84	City		FI 85	Zip Code	
11. Pursuant to or registere familiar with	o the provisions of Sections 607.0502 ed agent, or both, in the State of Floric h, and accept the obligations of, Secti	and 607.1508, Florida Statur da. Such change was authori ion 607.0505, Florida Statute	tes, the above-n zed by the corpo s.	amed corpor tration's boar	ation submits this statement for the pur d of directors. I hereby accept the appo	pose of changing pointment as regis) its registered office tered agent. I am	ē
SIGNATURE _	Signature, typed or printed havie of registered agent	sea to far de da	ovia minu. n.					
12.	OFFICERS ANI		OTE: Registered Agent 13.	Signatura regjunec	ADDITIONS/CHANGES TO OFFI	DATE CEDS AND DIDE	.010B6 IN 40	ો ફે
TITLE	D	[] DELETE	1. 1 101LE		ABBITONS OF ANGES TO OFF	CENS AND DIRE		CR2E034 (12/95)
NAME	WEISMAN, KIRK O		1.2 NAME			<u></u>	- a - C - reasion	4
STREET ADDRESS	1515 RINGLING BLVD., STE	. 690	13 STREET	ADDRESS				
CITY-ST-ZIP	SARASOTA FL 34236		14 CRY-ST	- ZIP				焬
TITLE		DELETE	2 1 TITLE			Cha	ange Addition	~ 0
NAME			2.2 NAM5					
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CITY-ST-ZIP TITLE		F) briefs	2 4 C(1y - S1	ZIP				
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STREET ADDRESS			3.2 NAME					
CITY-ST-ZIP			3 3. STREET					
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NAME			4 2 NAME			☐ Cha	nge	
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NAME			5.2 NAME				ige [] Addition	
STREET ADDRESS			53 STREET A	DDBESS				
CITY-ST-ZIP			5.4 C/TY-ST-					
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NAME			€ 2 NAME				-a nomeon	
STREET ADDRESS			6.3 STREEL A	DDRESS				
CITY-SI-ZIP		/	6 4 CITY - ST-					
certify that t oath; that I			uai report is true e empowered to		r the exemption stated in Section 119.0 e and that my signature shall have the s report as required by Chapter 607, Flo			

SIGNATURE:

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

941.314.1014 Daysinia Priore #