SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Sep 17 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

	ISMAN ENTERPRISES, INC	` '				
Principal Piace	e of Business	Mailing Address		·····		igus masan bilat ndahin libuta takhi libir 1001
\$ 1515 RINGLING BLVD. \$ 1515 RINGLING BLVD.						
SUITE 690 SUITE 690						
SARASOTA FL 34236 SARASOTA FL 34236						TE IN THIS SPACE
					3. Date Incorporated or Qualified	_
4 D		The Market Addition			04/22/1994	<u> </u>
2. Principal Pl	2e. Mailing Address			4. FEI Number	Applied For	
21 26 Suite, Apt. #, etc. Suite, Apt. #					65-0518835	Not Applicable
22	#, 0 10.	1	27		Certificate of Status Desired	S8.75 Additional Fee Regulred
City & State		City & State			6. Election Campaign Financing	
23	~	28			Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Countr	·	8. This corporation owes or has p	
24	25	F	30	*	Personal Property Tax due Jur	
	9. Name and Address of Currer				10. Name and Address of New F	
RIFE	, FRANK J III		81	Name		
	NORTH TAMPA ST.		100	Oter at Aria	(DO First)	
	E 2800		82	Street Add	dress (P.O. Box Number is Not Accepta	able)
		83				
CONTR	PA FL 33802-5128		\			
			84	City		FL 85 Zip Code
office or re agent. I as	egistered agent, or both, in the State m familiar with, and accept the oblig Stgnature, typed or printed name of registered age	of Florida. Such change was at ations of, Section 607.0505, Flor	uthorized b rida Statute	y the corpora s.	poration submits this statement for the ation's board of directors. I hereby acc liked when reinstating)	ept the appointment as registered
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	
TITLE	D	☐ DELETE	1.1 TITLE			Change Addition
NAME	WEISMAN, KIRK O		1.2 NAME			
STREET ADDRESS	1515 RINGLING BLVD., STE. 6	90	1.3 STREE	T ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34236		1.4 CITY -	ST-ZIP		
TITLE		[] DELETE	2.1 TITLE	į		Change Addition
NAME			2.2 NAME			
STREET ADDRESS	· 2		2.3 STREE	T ADDRESS		
CITY-ST-ZIP			2 4 CITY-	ST - ZIP		
TITLE			3.1 TITLE			Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREE	ADDRESS		
CITY-ST-ZIP			3.4. CITY-	ST-ZIP		
TITLE	1		4.1 TITLE	}		Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREE	T ADDRESS		
CITY-ST-ZIP			4.4 CITY -	ST-ZIP		
TITLE		L. DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREE	ADDRESS		
CITY-ST-ZIP			5.4 CITY-	ST - ZIP		
TITLE		☐ DELETE	6.1 TITLE			☐ Change ☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREE	T ADDRESS		
CITY-ST-ZIP			6.4 CITY-			
14. I do hereb informatio i am an of appears in	by certify that the information supplied in indicated on this annual report or sofficer or director of the carporation or in Block 12 or Block 13 if I have od, or	d with this filing does not qualify supplemental annual report is tru- the receiver or trustee empower on an attachment with an addr	rifor the exe ue and acc ered to exec ess.	emption state urate and tha cute this repo	id in Section 119.07(3)(I), Florida Statu It my signature shall have the same leg ort as required by Chapter 607, Florida	tes. I further certify that the gal effect as if made under oath; the Stalutes; and that my name

HRE REQUIRED