


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
Sep 17, 1999 8:00 am
Secretary of State

09-17-1999 90005 004 ***558.75

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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 # P96000033253
 1. Corporation Name
TALISMAN ENTERPRISES INCORPORATED



Principal Place of Business 8228 26TH AVENUE NORTH ST. PETERSBURG FL 33710	Mailing Address 8228 26TH AVENUE NORTH ST. PETERSBURG FL 33710
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 218 FRENCHMAN'S CREEK WAY		2a. Mailing Address 26 218 FRENCHMAN'S CREEK WAY		3. Date Incorporated or Qualified 04/12/1996	
Suite, Apt. #, etc. WAY		Suite, Apt. #, etc. WAY		4. FEI Number 59-3438390	
City & State 23 WINTER HAVEN, FL		City & State 28 WINTER HAVEN, FL		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 33884		Zip 29 33884		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 25		Country 30		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
CALLAHAN, RANDALL C
8228 26TH AVENUE NORTH
ST. PETERSBURG FL 33710

10. Name and Address of New Registered Agent
 81 Name **CALLAHAN, RANDALL C**
 82 Street Address (P.O. Box Number is Not Acceptable) **218 FRENCHMAN'S CREEK WAY**
 83
 84 City **WINTER HAVEN** FL 85 Zip Code **33884**

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 **SAME REGISTERED AGENT; DIFFERENT ADDRESS**
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	<input type="checkbox"/> DELETE
NAME	CALLAHAN, RANDALL	
STREET ADDRESS	8228 26 AVE N	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CALLAHAN, RANDALL	ADDRESS
1.3 STREET ADDRESS	218 FRENCHMAN'S CREEK WAY	
1.4 CITY-ST-ZIP	WINTER HAVEN, FL	
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 **CALLAHAN, RANDALL C. CALLAHAN, PRESIDENT** 08/31/99 727-439-1739

CR2E034 (5/99)