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**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



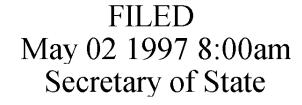
FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 291232

(7)

TALISMAN ESTATES, INC.





	e of Business	Mailing Address						
85247 REYNOLDS AVE DADE CITY FL 33525		35247 REYNOLDS AVE DADE CITY FL 33525						
					3. Date incorporated or Qualified 03/25/1965	3a. Date of 04/30/19	•	
2. Principal Pi	lace of Business	2a. Mailing Address			4. FEI Number		Applied For	
21		26			59-1096484		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	27		5. Certificate of Status Desired	1 1 7 7	Fee Required	
City & State	в	City & State			Election Campaign Financing     Trust Fund Contribution		5.00 May Be Added to Fees	
Zip 24	Country 25	Country         Zip         Co           29         30		B. This corporation has liability for intangible tax under s. 199.03  Florida Statutes Yes No				
	9. Name and Address of Curre				10. Name and Address of New Reg	stered Agen	t	
· LAUN	VER, FRANK J.			81 Name				
35247 REYNOLDS AVE DADE CITY FL 33525				82 Street Add	ddress (P.O. Box Number is Not Acceptable)			
ייייייייייייייייייייייייייייייייייייייי	E OHIT I E OUVED			83				
				84 City		FL 85	Zip Code	
11. Pursuant to office or reagent. La	to the provisions of Sections 607.05/ registered agent, or both, in the State am familiar with, and accept the oblig	02 and 607.1508, Florida St e of Florida Such change w yations of, Section 607.0505	latules, the at vas authorized 5, Florida Stati	pove-named co d by the corpor- utes.	rporation submils this statement for the p ation's board of directors. I hereby accep	urpose of char If the appointm	iging its registered ient as registered	
	Signature, typed or printed name of registered ag			l Agent signature req	uired wher reinstating)	DATE		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC			
TITLÉ	PD	☐ DELETE	l l				Change	
NAME	LAUMER, FRANK J		1.2 NA	Į.				
STREET ADDRESS	35247 REYNOLDS AVE DADE CITY FL			REET ADDRESS				
CITY - ST - ZIP	DADE CITT FL			IY-ST-7IP				
TITLE	ST	DELETE	2113			П	Change Addition	
TITLE	ST LAUMER DALF ANN	DELETE		·			Change Addition	
NAME	LAUMER,DALE ANN	DELETE	22 NA	ME			Change Addition	
NAME STREET ADDRESS	1	DELETE	22 NA 2.3 ST	·			Change Addition	
NAME	LAUMER, DALE ANN LAUMER, DALE, ANNE	DELETE	22 NA 2.3 ST 2.4 CI	ME RELI ADDRESS ITY-ST-ZIP				
NAME Street address City-St-Zip	LAUMER, DALE ANN LAUMER, DALE, ANNE		22 NA 2.3 ST 2.4 CI	RELI ADDRESS ITY-ST-ZIP				
NAME STREET ADDRESS CITY-ST-ZIP TITLE	LAUMER, DALE ANN LAUMER, DALE, ANNE		2.2 NA 2.3 ST 2.4 CO 3.1 TH 3.2 NA	RELI ADDRESS ITY-ST-ZIP				
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recoiver or trustice empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name