

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

FILED
Jan 23 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 201333 (2)
1. Corporation Name
BREVARD INSURANCE AND MARKETING, INC.



Principal Place of Business Mailing Address
3201 N. ATLANTIC AVE. 3201 N. ATLANTIC AVE.
P.O. BOX 320770 P.O. BOX 320770
COCOA BEACH FL 32931 COCOA BEACH FL 32931

DO NOT WRITE IN THIS SPACE

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	Zip
24	Country	29	Country
25		30	

3. Date Incorporated or Qualified 04/03/1957	
4. FEI Number 59-0832274	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

KABBOORD, WILLIAM
3201 N ATLANTIC AVE
COCOA BEACH FL 32931

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 William Kabboord 1-14-98
Signature: typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	KABBOORD, WILLIAM	1.2 NAME	
STREET ADDRESS	3201 N. ATLANTIC AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA BEACH FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	KABBOORD, STEVEN J.	2.2 NAME	
STREET ADDRESS	3201 N. ATLANTIC AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA BEACH FL	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	KABBOORD, KONNIE	3.2 NAME	
STREET ADDRESS	3201 N. ATLANTIC AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA BEACH FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	KABBOORD, DAVID	4.2 NAME	
STREET ADDRESS	3201 N. ATLANTIC AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA BEACH FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	KABBOORD, WILLIAM III	5.2 NAME	
STREET ADDRESS	3201 N ATLANTIC AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA BEACH FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 William Kabboord 1-14-98 329314-1

CR2E034 (10/97)