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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State
DIVISION OF CORPORATIONS

FILED Mar 19 1998 8:00am Secretary of State

1. Corporation	MENT # G33667 PLFFBRANDT INSURANCE A	` '			7 618 11 81811 81811 8181	
Principal Place	of Business	Mailing Address			H BIRIA BIRAH DIBIH DIDI	I DANA PARA
•	WOLFFBRANDT	% C. JAMES WOLFFBRA	NOT	ì		
1130 W. GRAN	MADA BLVD.	1130 W. GRANADA BLVD)	DO HOT WRITE IN		
ORMOND BEACH FL 32174 US		ORMOND BEACH FL 32174 US		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
•		00		05/01/1983		
2. Principal Pl	ace of Business	2a, Mailing Address		4. FEI Number	T An	plied For
n		26		59-2286848	}···	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc		5. Certificate of Status Desired	\$8.75	
2		27			Fee Re	
City & State	•	City & State		6, Election Campaign Financing Trust Fund Contribution	\$5.00	
Zip	Country	[28] Zip	Country			
210	25	29	30	 This corporation owes or has paid the Personal Property Tax due June 30. 		angibie 1 No
71	g. Name and Address of Current		1771	10. Name and Address of New Registe		3 ,
WO	LFFBRANDT, C. JAMES		81 Name			
1130 W. GRANADA BLVD. ORMOND BEACH FL 32174			82 Street Add	dress (P.O. Box Number is Not Acceptable)		
						·····
			83			
			84 City		85 Zip (Code
	egistered agent, or both, in the State in familiar with, and accept the obligation of the control of the contro	of Florida Such change was trons of, Section 607.0505.	les, the above-named cor authorized by the corpora orida Statutes.	rporation submits this statement for the purporation's board of directors. I hereby accept the	appointment as	registered
SIGNATURE.	egistered agent, or both, in the State in familiar with, and accept the obligation of the State in Signature, speed or just ten cause of registered agent of FICERS ANI.	it med the et applyed de (NOT	Pringistered Agent signature requi		ATE AND DIRECTOR	S IN 12
SIGNATURE	Signature, Syred or parties came of registered register	the title of apply at the (NOT	Propietered Agent signature required 13.	uired when reinstating) De	ATE	
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14. I nereby certify that the information supplied with this filing boos not quality 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 regeiver or frustee 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 explicitment with an address.

SIGNATURE:

Ben Winnwall

C. DING WOLFBRUST

3-14-98

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