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PROFIT CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K94016

(8)

WITTNER INSURANCE NETWORK, INC.

FILED	
May 07 1998 8:00ar	n
Secretary of State	

Principal Plac	e of Business	Mailing Address				BIOLUIU GIGIR (isten anam djani biten jaar
	NIT TNE R NL Ave nue, suite 400 Iur g Fl 33710	P.O. BOX 11629 5999 Central Avenue St. Petersburg FL 33			DO NOT WRIT		PACE
•		US			3. Date Incorporated or Qualified	1	
9 Principal P	Place of Business	2a. Mailing Address			06/01/1989 4. FEI Number	<u> </u>	Applied For
21	Tubb of Bookings	26			59-2950669		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					\$8.75 Additional
22		27			5. Certificate of Status Desired		Fee Required
City & Stat	6	City & State			6, Election Campaign Financing		\$5.00 May Be
23		28	 _		Trust Fund Contribution		Added to Fees
Zip	Country	Zip	Country		8, This corporation owes or has p	-	-/
24	25 Name and Address of Curre	nt Registered Agent	30		Personal Property Tax due Jur 10. Name and Address of New F		Yes No
LAM	ITNER, TED P	The grant of the page 1	81 Na	me	10. 1101110 4110 71001002 01 11000 1	.og.o.o.o.	· ·
	99 Ce ntral Avenue, suite 40	Nn.					
•	. PETERSBURG FL 33710	U U	82 Str	eet Addre	ess (P.O. Box Number is Not Accepte	able)	
)	. I ETCHOPOHO TE 007 IV		83				
1			B4 Cii				lee 2:- Cada
			64 61	y		FL	85 Zip Code
11. Pursuant	to the provisions of Sections 607.05 registered agent, or both, in the State	02 and 607.1508, Florida Statu	ites, the above-nar	ned corpo	oration submits this statement for the	purpose of	changing its registered
agent. La	am familiar with, and accept the oblig	gations of, Section 607.0505, F	lorida Statutes.	corporant	an's board of directors. Thereby acc	ahr ma abbr	antinent as registered
SIGNATURE							
	Signature, typed or printed name of regists red at	·	TE: Registered Agent sign	ature require:		DATE	
12.					ADDITIONATION AND TO DEF		
TITLE		ND DIRECTORS DELETE	13.	I.C	ADDITIONS/CHANGES TO OFF		
TITLE NAME	P	DELETE	1.1 TITLE	V Ma			Change Addition
NAME	P Wittner, Jean Giles	DELETE	1.1 TITLE 1.2 NAME	V Ma 59			Change Addition
NAME STREET ADDRESS	P Wittner, Jean Giles 5999 Central Avenue #40	DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDR	V Ma 59 54			Change Addition
NAME	P Wittner, Jean Giles	DELETE	1.1 TITLE 1.2 NAME	v Ma S9 S4	wtin, Paul W. 99 Central AVE F. Petersburg		Change Addition
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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.