

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 06, 1999 8:00 am  
Secretary of State

05-06-1999 90168 036 \*\*\*150.00

DOCUMENT # P95000071931

1. Corporation Name

IRONWOLF PRODUCTIONS, INC.



Principal Place of Business

300 2ND AVE SE #57  
ST PETERSBURG FL 33701

Mailing Address

PO BOX 10075  
ST PETERSBURG FL 33733-0075  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/15/1995

4. FEI Number

59-3335927

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 1160 Serpentine DR. S.

2a. Mailing Address

26 P.O. BOX 10075

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 ST. Petersburg, FLA

City & State

28 ST. Petersburg, FLA

Zip Country

24 33705 25 US

Zip Country

29 33733 30 U.S.

9. Name and Address of Current Registered Agent

HODGES, PAUL S  
409 PEGASUS AVE S  
CLEARWATER FL 34625

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

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 D  
NAME PALTIAN, WOLFGANG V  
STREET ADDRESS 300 2ND AVE SE #57  
CITY-ST-ZIP ST PETERSBURG FL 33701

☒ DELETE

TITLE DST  
NAME ISERHARDT, LOUIS J  
STREET ADDRESS 1160 SERPENTINE DR, S  
CITY-ST-ZIP ST PETERSBURG FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13.

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

P  
Iserhardt, Louis J  
1160 Serpentine DR. S.  
ST. Petersburg, FL, 33705

☒ Change ☐ Addition

V  
Iserhardt, Patricia F  
1160 Serpentine DR. S.  
ST. Petersburg, FLA. 33705

☐ Change ☒ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

*Signature*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

28 APR 99

Date

727-865-0159

Daytime Phone #

CR2E034 (11/98)