

DOCUMENT # P99000063189

FILED
Jan 10, 2001 8:00 am
Secretary of State

01-10-2001 90063 034 ***150.00



DO NOT WRITE IN THIS SPACE

1. Entity Name
SOUTHEAST FL INSURANCE GROUP, INC.

Principal Place of Business **Mailing Address**
6300 W ATLANTIC BLVD **6300 W ATLANTIC BLVD**
MARGATE FL 33063 **MARGATE FL 33063**

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number ~~05-0935537~~
65-0935337

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

VECCHIO, JOSEPH A JR
2929 EAST COMMERCIAL BLVD., PH A
FT LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

Name

8. The above named entity submits this statement for the purpose of changing its registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Register

*Please correct FEI #
 from 65-0935537 to
 65-0935337.*

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE
After MAY 1, 2001 Fee
Make Check Payable to D

11. OFFICERS AND DIRECTORS

TITLE	DPT	<input type="checkbox"/> Delete
NAME	CATALLO, LAWRENCE G	
STREET ADDRESS	6300 W ATLANTIC BLVD	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

12.

TITLE

NAME

STREET ADDRESS

CITY

TITLE

NAME

STREET ADDRESS

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CITY

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NAME

STREET ADDRESS

CITY

TITLE

NAME

STREET ADDRESS

CITY

*Thank You
 L A Catallo*

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lawrence Catallo*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/01 *954-9179263*
Date Daytime Phone #

CR2E034 (10/00)