

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S01495** (8)

1. Corporation Name
SOUTHEAST INSURANCE BROKERAGE COMPANY



Principal Place of Business: **ONE ALHAMBRA PLAZA SUITE 1405 CORAL GABLES FL 33134**
Mailing Address: **ONE ALHAMBRA PLAZA SUITE 1405 CORAL GABLES FL 33134**

3. Date Incorporated or Qualified: **09/17/1990**
3a. Date of Last Report: **01/24/1995**

21	2. Principal Place of Business	2a	Mailing Address	26	c/o Eric Buermann, P.A.	4.	FEI Number	59-3031701	Applied For	Not Applicable
22	State, Apt. #, etc.	27	Suite, Apt. #, etc.	27	3596 Main Highway	5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	
23	City & State	28	City & State	28	Miami, FL	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees	
24	Zip	25	Country	29	33133-5920	30	Country	USA	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BUERMANN, ERIC
3596 MAIN HIGHWAY
MIAMI FL 33133-5920**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSEN, THOMAS D.	1.2 NAME	
STREET ADDRESS	ONE ALHAMBRA PLZ, ST1405	1.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES FL	1.4 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSEN, CHARLES ARTHUR	2.2 NAME	
STREET ADDRESS	4123 FAIRWAY EAST	2.3 STREET ADDRESS	
CITY - ST - ZIP	STUART FL	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASON, ALFREDO	3.2 NAME	
STREET ADDRESS	ONE ALHAMBRA PLAZA SUITE 1405	3.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES FL	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSEN, BERNICE L.	4.2 NAME	
STREET ADDRESS	4123 FAIRWAY EAST	4.3 STREET ADDRESS	
CITY - ST - ZIP	STUART FL	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Thomas D. Andersen* **Thomas D. Andersen** **2/14/96** **305/442-1500**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)