

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

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**Feb 05 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 C/O ERIC BUERMANN, PA 3596 MAIN HWY MIAMI FL 33133-5920 US
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3. Date Incorporated or Qualified 09/17/1990	3a. Date of Last Report 02/20/1996
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21. Principal Place of Business 2 Alhambra Plaza	2a. Mailing Address 26
22. Suite, Apt #, etc. 1200	27. Suite, Apt #, etc.
23. City & State Coral Gables, FL	28. City & State
24. Zip 33134	29. Zip
25. Country US	30. Country

4. FEI Number 59-3031701	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input 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

TITLE	D <input type="checkbox"/> DELETE
NAME	ANDERSEN, THOMAS D.
STREET ADDRESS	ONE ALHAMBRA PLZ, ST1405
CITY - ST - ZIP	CORAL GABLES FL
TITLE	D <input type="checkbox"/> DELETE
NAME	ANDERSEN, BERNICE L.
STREET ADDRESS	4123 FAIRWAY EAST
CITY - ST - ZIP	STUART FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	MASON, ALFREDO
STREET ADDRESS	ONE ALHAMBRA PLAZA SUITE 1405
CITY - ST - ZIP	CORAL GABLES FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D, P, S, T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	2 Alhambra Plaza, Suite 1200
1.4 CITY - ST - ZIP	Coral Gables, FL 33134
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	2 Alhambra Plaza, Suite 1200
2.4 CITY - ST - ZIP	Coral Gables, FL 33134
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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, Director** 305/446-0045

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)