

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

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Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90260 003 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # **S01495**

1. Corporation Name
SOUTHEAST INSURANCE BROKERAGE COMPANY



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 2 ALHAMBRA PLAZA
 1200
 CORAL GABLES FL 33134
 US

Mailing Address
 C/O ERIC BUERMANN, PA
 3596 MAIN HIGHWAY
 MIAMI FL 33133-5920
 US

3. Date Incorporated or Qualified
09/17/1990

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-3031701

Applied For
 Not Applicable

21 Suite, Apt. #, etc.

26 **9200 So. Dadeland Blvd.**

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

22 City & State

27 Suite 417

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

23 City & State

28 City & State

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

24 Zip Country

29 Zip **33156** 30 Country **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BUERMANN, ERIC
3596 MAIN HIGHWAY
MIAMI FL 33133-5920

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
6075 S.W. 92 Street
 83
 84 City **Miami** 85 Zip Code **FL 33156**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
DPST	ANDERSEN, THOMAS D.	2 ALHAMBRA PLAZA, SUITE 1200	CORAL GABLES FL					<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
D	ANDERSEN, BERNICE L.	2 ALHAMBRA PLAZA, SUITE 1200	SPAIN FL XXXX					<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
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								<input type="checkbox"/>	<input type="checkbox"/>

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 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Thomas D. Andersen* Thomas Andersen, President 4/20/99 305/446-0045

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)