

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

FILED

Apr 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S09307** (7)
1. Corporation Name
ACORDIA SOUTHEAST, INC.



Principal Place of Business 911 PARK PLACE BLVD. SUITE 400 CLEARWATER FL 34619 US	Mailing Address 311 PARK PLACE BLVD. SUITE 400 CLEARWATER FL 34619 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/23/1990	
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 94-3130804		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country	29. Country	30. Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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	C	<input checked="" type="checkbox"/> DELETE
NAME	DUFFY, PATRICK C	
STREET ADDRESS	995 N A1A #510	
CITY-ST-ZIP	INDIANATLANTIC FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	COPE, RICHARD W	
STREET ADDRESS	1188 Mandalay Dr	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DUBOW, LAWRENCE L	
STREET ADDRESS	6730 EPPING FOREST WAY N	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	HARPER, JAMES R.	
STREET ADDRESS	311 PARK PLACE BLVD, SUITE 400	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	MONROE, ELLEN	
STREET ADDRESS	120 MONVMENT CIRCLE	
CITY-ST-ZIP	INDIANAPOLIS IN	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	NORD, SHERRY	
STREET ADDRESS	3902 SADDLE RIDGE ST	
CITY-ST-ZIP	VALRICO FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	SMITH, STEPHEN T	
1.3 STREET ADDRESS	311 PARK PLACE BLVD, SUITE 400	
1.4 CITY-ST-ZIP	CLEARWATER, FL 32759	
2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JOHN TALABA	
2.3 STREET ADDRESS	311 PARK PLACE BLVD, SUITE 400	
2.4 CITY-ST-ZIP	CLEARWATER, FL 32759	
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	CM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP	32759	
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 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.

SIGNATURE:

Edith S. Stanley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

3/27/98

(813) 796-6666

CR2E034 (1097)