

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 21 PM 4:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 466805 (9)

1. Corporation Name

SOUTHEAST INSURANCE CENTER, INC.

Principal Place of Business

HANGAR 102
SUITE 240
OPA LOCKA FL 33054-2327
US

Mailing Address

HANGAR 102
SUITE 240
OPA LOCKA AIRPORT FL 33054-2327
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
12/27/1974

3a. Date of Last Report
05/01/1994

4. FEI Number
59-1557030

Correct

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PREW, F DICKSON
HANGAR 102, STE 240
OPA LOCKA AIRPORT FL 33054-8327

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code

33054-2327 FL

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 registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PST
PREW, F DICKSON
HANGAR 102, OFC 240
OPA LOCKA AP, FL 00000

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP
☒ Change ☐ Addition
33054-2327

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
PREW, F DICKSON
HANGAR 102, OFC 240
OPA LOCKA AP, FL 00000

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP
☒ Change ☐ Addition
33054-2327

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP
☐ Change ☐ Addition
4/25

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

F DICKSON PREW

4-18-95 305/685-0000

Date

Expiry Date 5