

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

FILED
May 13 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 467040 (2)
1. Corporation Name
ALLEY, REHBAUM, CAPES, NORTHEAST UNDERWRITERS, I
NC.



Principal Place of Business Mailing Address
4780 1ST STREET N P. O. BOX 7508
P.O. BOX 7508 ST. PETE FL 33703-7506
ST. PETE FL 33703 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		12/31/1974	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-1541644	
24 Country		30 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				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		10. Name and Address of New Registered Agent	
WATERS, JR W A		81 Name	
11000 GULF BLVD #1504		82 Street Address (P.O. Box Number is Not Acceptable)	
TREASURE ISLAND FL 33706		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	VST	1.1 TITLE	EVPD
NAME	JOHNSON, BEVERLY	1.2 NAME	
STREET ADDRESS	8057 45 ST N	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	PD
NAME	KJOWSKI, KENNETH	2.2 NAME	
STREET ADDRESS	13875 OAK FOREST BLVD S	2.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	
NAME	FRESE, ANTHONY C.	3.2 NAME	
STREET ADDRESS	3 HARBOR COVE STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	SAFETY HARBOR FL	3.4 CITY-ST-ZIP	
TITLE	CEO	4.1 TITLE	
NAME	WATERS, W.A., JR.	4.2 NAME	
STREET ADDRESS	11000 GULF BLVD., #1504	4.3 STREET ADDRESS	
CITY-ST-ZIP	TREASURE ISLAND FL	4.4 CITY-ST-ZIP	
TITLE	SVP	5.1 TITLE	
NAME	WATERS, W A	5.2 NAME	
STREET ADDRESS	17713 WALL CIRCLE	5.3 STREET ADDRESS	
CITY-ST-ZIP	REDINGTON SHORES FL	5.4 CITY-ST-ZIP	
TITLE	STD	6.1 TITLE	
NAME	WATERS, DONALD E. JR.	6.2 NAME	
STREET ADDRESS	475 CYPRESS LAKE CT	6.3 STREET ADDRESS	
CITY-ST-ZIP	OLDSMAR, FL 34677	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 _____

CR2E034 (10/97)