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

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L12524

(9)

SOUTHEAST ASSURANCE SERVICES, INC.

**FILED** Apr 24 1997 8:00am Secretary of State



Principal Place of Business					Mailing Address				T 3001101: Dåt HEID (1701 Brill Ribir Brill			
B TURTLE CREEK DR					8 TURTLE CREEK DR							
	APT E				APT E							
TEQUESTA FL 33469 US			US	TEQUESTA FL 33469-1531 US				3. Date Incorporated or Qualific 08/30/1989	ied 3a. Date of Last Report 04/02/1996			
2.	Principai Pl	ace of Busin	1055	2a.	Mailing Address		*********		4. FEI Number		A	pplied For
21	21			26	26				65-0140696		N	ot Applicable
= - 1	Suite, Apt. #, etc				Suite Apt. #, etc.							Additional
22	22			27	27				5. Certificate of Status Desired	اسا		equired
	City & State				City & State				6. Election Campaign Financing		\$5.00	May Be
23					28				Trust Fund Contribution			to Fees
	Zφ		Country		Zφ	Co	untry	·	8. This corporation has liability	or intangible	tax under s	199.032
24			25	29		30			Florida Statutes	Yes Yes	No	
		9. Name	and Address of C	urreni Registe	ered Agent		Ţ		10. Name and Address of New	Registered	Agent	
HARRIS, GEORGE E.								Name				
11380 PROSPERITY FARMS ROAD, SUITE 210							82	Street /	Address (P.O. Box Number is Not Acce	ntable)		
			GARDENS FL 334					: Street Address (P.O. box Number is Not Acceptable)				
	, , , , ,						83					
							ļ.,		WALL-VIIII- 1711 - 2011		————	
							84	City		FL	65 Zip	Code
11	. Pursuant I	to the provis	ions of Sections 60	7.0502 and 60	7.1508, Florida Sta	stutes, the	abov	e-named	corporation submits this statement for the			its registered
	office or re	edistered ad	ent, or both, in the th, and accept the	State of Florida	a. Such change wi	as authoriz	ed by	v the corp	poration's board of directors. I hereby ac	cept the ap	poin:ment as	registered
	- 4,	m Tarrilliar <b>w</b> i	in, and accept the	obligations of,	Section 607.0505	, Florida St	atute	8.				l
SIGNATURE Signature import or printed hards of registered agent and the if applicable. (NOTE Registered Agent signature required when reinstating)  DATE  Output  Date  Date												
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N/A		WANDSO	HNEIDER, ROBE	rt		1.2	NAME					
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	!							LIDODECC		•		
	REET ADDRESS							ADDRESS				
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	ME.						NAME					
	REET ADDRESS							ADDRESS				
	ly - \$1 - 21₽				DELETE			ST-ZIP			Change	Addition
FII					בן טבננונ		TITLE				ET CHANGE	
MΔ							NAME					
	REET ADDRESS							ADDRESS				
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P/7	M:					5.2	NAME					
\$1	REET ADDRESS					5.3	STREET	r address				
()	TY - \$1 - ZIP					5.4	CITY-S	ST-ZIP				
TH	tř.				☐ DELETE	61	TITLE				Change	Addition
NA	M{					6.2	NAME					
51	REET ADDRESS					6.3	STREET	r address				
CI	fy - S1 - ZIF					6.4	CITY-S	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)(i). Florida Statutes. I further certify that the information indicated on this annual report to 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 of director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 18 or Bloc

SIGNATURE: