


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

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PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L40417 (2)
1. Corporation Name
SOUTHEAST LIFE INSURANCE AGENCY, INC.

FILED
97 JUN 27 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business C/O GEORGE TARSITANO 1000 S. DALE MABRY TAMPA FL 33629	Mailing Address C/O GEORGE TARSITANO 1000 S. DALE MABRY TAMPA FL 33629-5005
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3. Date Incorporated or Qualified 01/05/1990	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2991277	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 2155 N.W. 63 rd Ct Suite, Apt. #, etc. 22 City & State 23 Ft Lauderdale Zip 24 33309 Country 25	2a. Mailing Address 26 2155 N.W. 63 rd Ct Suite, Apt. #, etc. 27 City & State 28 Ft Lauderdale Zip 29 33309 Country 30
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9. Name and Address of Current Registered Agent TARSITANO, GEORGE 1000 S. DALE MABRY TAMPA FL 33629	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 State 86 Zip
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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 obligation of Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WOLF, ROGER G. 5559 N. ELSTON CHICAGO IL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900002227489--9 -07/01/97--01037--006 ****495.00 ****165.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS TARSITANO, GEORGE 1000 S. DALE MABRY TAMPA FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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 amendment with an address.

SIGNATURE _____ DATE _____

CR2E034 (9/96)

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ILLINOIS VEHICLE INSURANCE AGENCY, INC.

June 26, 1997

To: Florida Secretary of State

From: Jerry Januszewski

Re: Corporation Annual Report

Please be advised that our Tampa mailing address office was destroyed by fire and the enclosed three reports have just been rediscovered and forwarded to my attention. I ask that you change your records to the new address on the forms and accept the enclosed check in the amount of \$495.00. In light of this extraordinary circumstance and our past prompt payments, I respectfully request no further assessments or actions against our three corporations.