

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

**FILED**  
**Mar 05, 1999 8:00 am**  
**Secretary of State**

03-05-1999 90104 050 \*\*\*150.00

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PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P96000088609**

1. Corporation Name  
**SOVEREIGN AMERICA, INC.**



Principal Place of Business  
**6016 SHERWIN DR  
 PT RICHEY FL 34668  
 US**

Mailing Address  
**6016 SHERWIN DR  
 PT RICHEY FL 34668  
 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 21 [ ]  
 Suite, Apt. #, etc.  
 22 [ ]  
 City & State  
 23 [ ]  
 Zip Country  
 24 [ ] 25 [ ]

2a. Mailing Address  
 26 [ ]  
 Suite, Apt. #, etc.  
 27 [ ]  
 City & State  
 28 [ ]  
 Zip Country  
 29 [ ] 30 [ ]

3. Date Incorporated or Qualified  
**10/28/1996**

4. FEI Number  
**59-3407421**

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 owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent  
**ALTMAN, ROBERT N  
 5628 MAIN ST  
 NEW PORT RICHEY FL 34652**

10. Name and Address of New Registered Agent

81 Name  
*Suzanne MacDougald*

82 Street Address (P.O. Box Number is Not Acceptable)  
*5776 Westshore Dr.*

83 [ ]

84 City  
*New Port Richey* **FL** 85 Zip Code  
**34652**

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 *Suzanne MacDougald*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	PTD	
NAME	MAC DOUGALD, JAMES E	
STREET ADDRESS	5776 W SHORE DR	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE	VSD	
NAME	MAC DOUGALD, SUZANNE M	
STREET ADDRESS	5776 W SHORE DR	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/>	
1.2 NAME	Joseph MacDougald		
1.3 STREET ADDRESS	5776 Westshore Drive		
1.4 CITY-ST-ZIP	New Port Richey FL 34652		
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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, with all other like empowered.

SIGNATURE: *MacDougald*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (1/198)