**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F91465

1. Corporation Name SOVEREIGN, INC.

## Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90140 036 \*\*\*150.00



|   |   |  |                           | _   |           |                            |   |                            |                       |                                  |  |
|---|---|--|---------------------------|---|-----------|----------------------------|---|----------------------------|-----------------------|----------------------------------|--|
| Principal Place of Business   |   | Mailing Address                                |                           |   | -         |                            |   |                            |                       |                                  |  |
| 1137 CLIMBING ROSE DR.<br>ORLANDO FL 32818<br>US  |   | P.O. BOX 585191<br>ORLANDO FL 32858-5191<br>US |                           |   |           |                            | DO NOT WRITE IN THIS SPACE  |                            |                       |                                  |  |
|   |   |  |                           |   |           |                            | Date Incorporated or Qualifed 07/21/1982                                |                            |                       |                                  |  |
| 2. Principal Place of Business  |   |  | 2a. Mailing Address       |   |           | 4.                         | . FEI Number  |                            | Ш                     | Applied For                      |  |
| <u> </u>  |   | 26   |                           |   |           |                            | <u>59-2247128</u>   |                            |                       | Not Applicable                   |  |
| Suite, Apt. #, etc.   |   | 27   | Suite, Apt. #, etc.       |   | -         | 5.                         | 5. Certifcate of Status Desired   \$8.75 Additional Fee Required        |                            |                       |                                  |  |
| City & State  |   | 28   | City & State              |   |           | 6.                         | 6. Election Campaign Financing Trust Fund Contribution Added to Fees    |                            |                       | •                                |  |
| Zip   | Country   |  | Zip                       | Country   | ,         | 8.                         | . This corporation owes the curr  | ent year Int               | angible               |                                  |  |
| 4   | 25  | 29   | 30                        |   |           |                            | Personal Property Tax.  |                            | ☐Yes                  | No                               |  |
| 9. Name and Address of Current Registered Agent   |   |  |                           |   |           | 10                         | 10. Name and Address of New Registered Agent                            |                            |                       |                                  |  |
| COOKE BERECOA D   |   |  |                           |   | Name      |                            |   |                            |                       |                                  |  |
| COOKE, REBECCA D<br>1137 CLIMBING ROSE DR.<br>ORLANDO FL 32818  |   |  | 82                        | 82 Street Address (P.O. Box Number is Not Acceptable) |           |                            |   |                            |                       |                                  |  |
|   |   |  | 83                        | 83  |           |                            |   |                            |                       |                                  |  |
|   |   |  |                           | 84  | City      |                            |   | FL                         | 85                    | Zíp Code                         |  |
| office or regi  | the provisions of Sections 607.05<br>stered agent, or both, in the State<br>amiliar with, and accept the obligi | of Flori                                       | da. Such change was autho | prized by   | the corpo | corporation<br>pration's b | on submits this statement for the<br>loard of directors. I hereby accep | purpose of<br>of the appoi | changing<br>intment a | g its registered<br>s registered |  |
| SIGNATURE   |   |  | (NOTE: 0-                 | 1-teend Ann   |           | nautonal uman              | reinetating)  | DATE                       |                       |                                  |  |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature)  12. OFFICERS AND DIRECTORS  13. |   |  |                           |   |           |                            | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                       |                            |                       |                                  |  |
|   | OFFICERS AND DIRECTORS 13.  |  |                           |   |           | Change Addition            |   |                            |                       |                                  |  |

TITLE COOKE, REBECCA NAME 1,3 STREET ADDRESS 1137 CLIMBING ROSE DR. STREET ADDRESS ORLANDO FL 32818 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 2,1 TITLE TITLE COOKE, RICHARD A 2.2 NAME NAME 2.3 STREET ADDRESS 1137 CLIMBING ROSE DR. STREET ADDRESS ORLANDO FL 32818 2, 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ DELETE 4.1 TITLE TITLE NAME 4, 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE Change 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

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, oyon an attachment with an address, with all other like empowered.

SIGNATURE:

CR2E034 (11/98)