

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

PROFIT CORPORATION ANNUAL REPORT 1999



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

FILED May 13, 1999 8:00 am Secretary of State

05-13-1999 90029 032 \*\*\*150.00

DOCUMENT #

1. Corporation Name

Soverel Development Spanish Cay Inc.

Principal Place of Business

Mailing Address

3315 Perimeter Road Palm City, FL 34990

10 Steven L. Perry 1 SW OSLUCOLA Street S-2 Stuart, FL 34994

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

26 3315 Perimeter Road

3. Date Incorporated or Qualified 07/06/1989

4. FEI Number

65-0171519

Applied For Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

28 Palm City, FL

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

Country

25

Zip

Country

29 34990

30

USA

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Perry, Steven L. 1 SW OSLUCOLA St., S-2 Stuart, FL 34994

81 Name Steven L. Perry, Esq.  
82 Street Address (P.O. Box Number is Not Acceptable) McCarthy, Summers, Bobko, Miley, Wood & Sawyer, PA  
83 2081 East Ocean Blvd, Second Floor  
84 City Stuart FL 85 Zip Code 34996

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

*[Signature]*

4026099

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	DELETED
NAME	Soverel, Mark	
STREET ADDRESS	3315 Perimeter Road	
CITY-ST-ZIP	Palm City, FL 34990	
TITLE	TS	DELETED
NAME	Soverel, Peter W.	
STREET ADDRESS	16430 72nd Avenue West	
CITY-ST-ZIP	Edmonds, WA 98026	
TITLE		DELETED
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETED
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETED
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	VP	Change	Addition
1.2 NAME	Soverel, Bret		
1.3 STREET ADDRESS	3315 Perimeter Road		
1.4 CITY-ST-ZIP	Palm City, FL 34990		
2.1 TITLE		Change	Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		Change	Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		Change	Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		Change	Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		Change	Addition
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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bret Soverel, Vice President 4/27/99 (561)879-1080

Date

Daytime Phone #

CR2E034 (11/98)