

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northum  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
MAY 11 1995

MAY 23 4:10:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # **L79077** (8)

1. Corporation Name  
**SOVEREIGN CONSTRUCTION SERVICES INC.**

2. Principal Place of Business  
**600 WEST HILLSBORO BOULEVARD  
SUITE 379  
DEERFIELD BEACH FL 33441**

2a. Mailing Address  
**600 WEST HILLSBORO BOULEVARD  
SUITE 379  
DEERFIELD BEACH FL 33441**

3. Date Incorporated or Created **06/08/1990** 3a. Date of Last Report **08/09/1994**

4. FFI Number **65-0199475** 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 has liability for independent tax under 11810.1 Florida Statutes.  Yes  No

21	22	23	24	25	29	30	
2. Principal Place of Business		2a. Mailing Address		2b. City & State		2c. Zip	
21		22		23		24	
25		26		27		28	
29		30		31		32	

9. Name and Address of Current Registered Agent  
**GREAVES, RAY  
600 WEST HILLSBORO BOULEVARD  
SUITE 379  
DEERFIELD BEACH FL 33441**

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City **FL** B5 Zip Code

11. I, the undersigned, being duly sworn, depose and say that the above named corporation submits this statement for the purpose of changing a registered officer or registered agent in both of the State of Florida. Such change was authorized by the corporation's board of directors, thereby to comply with the requirements of the Florida Statutes.

DEPARTMENT OF STATE, Tallahassee, Florida

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS	
NAME	<b>P MAGUIRE, MIKE 708 NW 22 ST. FT. LAUDERDALE FL</b>	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		2. NAME	
CITY & STATE		3. STREET ADDRESS	
ZIP CODE		4. CITY & STATE	
NAME	<b>SV WASHBURN, JOHN S 2803 NW 12 AVE. FT. LAUDERDALE FL</b>	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6. NAME	
CITY & STATE		7. STREET ADDRESS	
ZIP CODE		8. CITY & STATE	
NAME	<b>T GREAVES, RAY 7924 GRENADA PL. APT. 204 BOCA RATON FL</b>	9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		10. NAME	
CITY & STATE		11. STREET ADDRESS	
ZIP CODE		12. CITY & STATE	
NAME		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		14. NAME	
CITY & STATE		15. STREET ADDRESS	
ZIP CODE		16. CITY & STATE	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this filing is a true and correct copy of the information required to be filed 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 person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1 of Block 13 of a corporate or similar affidavit with an address.

SIGNATURE: *[Signature]* **John S. Washburn** 5/19/95 305-426-5049  
SIGNATURE AND TITLE OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR