

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

APPROVED  
AND  
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05 MAY - 1 AM 9:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Barbara B. Mottam Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P28622 (9)**  
 1. Corporation Name  
**SOVEREIGN EQUITY MANAGEMENT CORP.**

Principal Place of Business <b>5200 TOWN CENTER ROAD SUITE 309 BOCA RATON FL 33486</b>	Mailing Address <b>5200 TOWN CENTER ROAD SUITE 309 BOCA RATON FL 33486</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>03/26/1990</b>	3a. Date of Last Report <b>05/01/1994</b>
4. FEI Number <b>76-0221449</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt # etc <b>303</b>	26. <b>5200 TOWN CENTER CIRCLE</b>
22. City & State	27. <b>303</b>
23. Zip	28. Country
24. Country	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent

**HARRIS, MICHAEL D.  
LEWIS, VEGOSEN, ROSENBACH & FITZGERALD, PA  
500 S. AUSTRALIAN AVE.  
WEST PALM BEACH FL 33402-4388**

10. Name and Address of New Registered Agent

81. Name	82. Street Address (P.O. Box Number is Not Acceptable)	83.	84. City	85. Zip Code
			<b>FL</b>	

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 607.0805, Florida Statutes.

SIGNATURE \_\_\_\_\_ (Signature of Registered Agent or Agent in Charge) \_\_\_\_\_ (Signature of Registered Agent or Agent in Charge)

12. OFFICERS AND DIRECTORS

TITLE	<b>PVS</b>
NAME	<b>VITTOR, GLEN</b>
STREET ADDRESS	<b>5200 TOWN CENTER RD 309</b>
CITY ST ZIP	<b>BOCA RATON FL</b>
TITLE	<b>TD</b>
NAME	<b>VITTOR, GLEN</b>
STREET ADDRESS	<b>5200 TOWN CENTER RD 309</b>
CITY ST ZIP	<b>BOCA RATON FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	<b>5200 Town Center Suite 303</b>
14. CITY ST ZIP	<b>Circle</b>
21. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	<b>5200 Town Center Suite 303</b>
24. CITY ST ZIP	<b>Circle</b>
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY ST ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY ST ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY ST ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY ST ZIP	

14. I do hereby 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 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.

SIGNATURE: [Signature] **4/29/95 (407) 367-0367**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR