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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000089770 (7)

SOVEREIGN DEVELOPMENT GROUP, INC.

FILED Jan 23 1998 8:00am Secretary of State



Principal Place of Business Mailing Address		L 1800(180) 1.18 (81,10 81,11) 82(1,1 80) 11 80) 11 80) 12 180) 1 180) 1 180)
901 S FEDERAL HWY. SUITE 200 901 S FEDERAL HWY.		
FT LAUDERDALE FL 33316 FT LAUDERDALE FL 3	3316	DO NOT WRITE IN THIS SPACE
		3. Date Incorporated or Qualified
		10/29/1996
2. Principal Place of Business 2a. Mailing Address		4 FELNumber Applied For
21 26		APPLIED FOR 65-0770169 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Additional
27		Fee Required
City & State City & State		Election Campaign Financing \$5.00 May Be
28	1-0	Trust Fund Contribution Added to Fees
Zip Country Zip	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
25 29 29 9, Name and Address of Current Registered Agent	[30]	Personal Property Tax due June 30. 2 Yes No 10. Name and Address of New Registered Agent
LEONARD, C. GLENN	81 Name	io, tumo ana tuato de trata regiona a rigina
4875 N FEDERAL HWY, 10TH FL		
FT LAUDERDALE FL 33308	82 Street Add	lress (P.O. Box Number is Not Acceptable)
THE MEDICAL TE SOUND	83	
	84 City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Sta	tutes, the above-named corp	poration submits this statement for the purpose of changing its registered
 Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Sta office or registered agent, or both, in the State of Florida. Such change wa agent. I am familiar with, and accept the obligations of, Section 607 0505. 	is authorized by the corpora Florida Statules.	thon's board of directors. I hereby accept the appointment as registered
SIGNATURE		
Signature typed or printed name of registered agent and title if applicable (N	OTE flegistered Agent signature requi	
12. OFFICERS AND DIRECTORS TITLE D DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
MAUDOCK OFFICE A 15	1.1 T(TLE	Citalinge
SOLO PEDEDAL LINEY CLIFT COO	1.2 NAME	
ET LAUDEDDALE EL 20040	1.3 STREET ADDRESS	
CITY-ST-ZIP FI LAUDENDALE PL 33316	1.4 CITY - ST - ZIP 2.1 TITLE	☐ Change ☐ Addition
NAME	2.2 NAME	
STREET ADDRESS	2.3 STREET ADDRESS	
CiTY-SI-ZIP	2. 4 CITY-ST-ZIP	
TITLE DELETE	3.1 TITLE	Change Addition
NAME	3.2 NAME	-
STREET ADDRESS	3.3 STREET ADDRESS	
CITY-ST-7iP	3.4. CITY - ST - ZIP	
TITLE DELETE	4.1 TITLE	Change Addition
NAME	4. 2 NAME	
STREET ADDRESS	4.3 STREET ADDRESS	
CITY-SI-ZIP	4.4 CITY - S1 - ZIP	
TIRE	5.1 TITLE	☐ Change ☐ Addition
NAME	5.2 NAME	
STREET ADDRESS	5.3 STREET ADDRESS	
C(TY-ST-ZIP	5.4 CITY · ST - ZIP	
TITLE DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME :	6.2 NAME	
STREET ADDRESS CITY-ST-ZIP	63 STREET ANDRESS	
	6.4 CITY - ST - ZIP	I

demental annual report is true and accurate and that my signature shall have the same logal effect as if made under eath; that I am an the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statules; and that my name appears in