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 # P9700080402 (5)

BOVEREIGN CAPITAL, INC.

FILED Apr 27 1998 8:00am Secretary of State

Principal Place	Mailing Ad	Mailing Address				
1815 SOUTH SAMASOTA F	OSPREY AVENUE		1815 SOUTH OSPREY AVENUE SARASOTA FL 34239			
ONINGUIN FI	. 54835	SANAGOTA	SARASUTA FL 34239			DO NOT WRITE IN THIS SPACE
* : !						3. Date incorporated or Qualified 09/15/1997
	ace of Business	2a. Mailing	28. Mailing Address			4. FEI Number Applied For
21	_	26	26			Not Applicable
Suite, Apt.	#, etc.	Suite, A	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State	• •	City & S	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Ζip	Zp Country		Zip Country		/	8. This corporation owes or has paid the current year Intangible
24	25			30		Personal Property Tax due June 30. Yes No
	9. Name and Address of Curr	ent Registered Ag	ent		T	10. Name and Address of New Registered Agent
REI	ND ei ro, John F			81	Name	
1815 SOUTH OSPREY AVENUE				62	Street Add	Iress (P.O. Box Number is Not Acceptable)
SAI	ra s ota fl 34239					
				63		
				84	City	FL 85 Zip Code
SIGNATURE	Signature, typod or ponted name of registered.	leno				tion's board of directors. I hereby accept the appointment as registered
TITLE	PVST		DELETE	1.1 TITLE		Change Addition
NAME	RENDEIRO, JOHN F			1.2 NAME		
STREET ADDRESS	1815 SOUTH OSPREY AVE	NUE		1.3 STREET	ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34239			1.4 CITY-5	ST-ZIP	
MILE	D	[DELETE	2.1 TITLE		Change Addition
NAME	RENDEIRO, JOHN F			2.2 NAME		
STREET ADDRESS	1815 SOUTH OSPREY AVE	NUE		2.3 STREET	ADDRESS	
CITY-ST-ZIP	\$ARASOTA FL 34239		DELETE	2. 4 CITY-	ST - ZIP	Channe
TITLE NAME		ι	☐ DCFE1E	3.1 TITLE 3.2 NAME		Change Addition
STREET ADDRESS				3.3 STREET	ADDRESS	
CITY-ST-ZIP				3.4. City-		
TITLE			DELETE	4.1 TITLE	01 211	Change Addition
NAME				4. 2 NAME		· -
STREET ADDRESS				4.3 STREET	ADDRESS	_
CITY-ST-ZIP				4.4 CITY-5	ST-ZIP	
TITLE			DELETE	5.1 TITLE		☐ Gharge ☐ Ardition
NAME				5.2 NAME	+	11/1/
STREET ADDRESS				5.3 STREET	ADDRESS	TH) 4/7-2
CITY-ST-ZIP			DELETE	5.4 CITY-5	ST- ZIP	// // //
TITLE		l	DELET E	6.1 TITLE		200002501455 Que -04/27/98-01081-018
NAME .				6.2 NAME	1000000	-04/27/9801081018
STREET ADDRESS				6.3 STREET		***150.00
CITY-ST-ZIP	ertify that the information supplied	with this filing door	s not qualify t	6.4 CITY-S		Section 119.07(3)(i), Florida Statutes. I further certify that the information
indicated on this enrural 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.						