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FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90131 003 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000057269 ✓

1. Corporation Name
SOVEREIGN FINANCIAL INFORMATION SERVICES, INC.



Principal Place of Business 2701 SOUTH BAYSHORE DRIVE SUITE 403 COCONUT GROVE FL 33133	Mailing Address 2701 SOUTH BAYSHORE DRIVE SUITE 403 COCONUT GROVE FL 33133
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/25/1998

4. FEI Number

65-0845588

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 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

**SCHWEDEL, DAVID
2701 SOUTH BAYSHORE DRIVE
SUITE 403
COCONUT GROVE FL 33133**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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, 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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWEDEL, DAVID	1.2 NAME	
STREET ADDRESS	2701 SOUTH BAYSHORE DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT GROVE FL 33133	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALLAGHER, DAN	2.2 NAME	
STREET ADDRESS	2701 SOUTH BAYSHORE DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT GROVE FL 33133	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TROMBINO, ROGER A	3.2 NAME	
STREET ADDRESS	2701 SOUTH BAYSHORE DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT GROVE FL 33133	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLAZER, GEORGE	4.2 NAME	
STREET ADDRESS	2701 SOUTH BAYSHORE DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT GROVE FL 33133	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	KEN B. AN NG
STREET ADDRESS		5.3 STREET ADDRESS	2701 SOUTH BAYSHORE DRIVE
CITY-ST-ZIP		5.4 CITY-ST-ZIP	COCONUT GROVE FL 33133
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

KEN B. AN NG
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99

Date

(305) 285-2003

Daytime Phone #