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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

S52983

(1)

SOVEREIGN LEASING, INC.

Principal Place of Business	Mailing Address
2880 NORTH ORANGE BLOSSOM TRAIL	2880 NORTH ORANGE BLOSSOM TRAIL
KISSIMMEE FL 34744-1132	KISSIMMEE FL 34744-1132

FILED Feb 06 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>05/15/1991</u> 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3067365 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yeş 25 29 30 Personal Property Tax due June 30. 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LALLY, JASVINDER 2880 NORTH ORANGE BLOSSOM TRAIL 82 Street Address (P.O. Box Number is Not Acceptable) KISSIMMEE FL 83 84 85 Zip Code 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. I DELETE Addition TITLE 1.1 TITLE Change LALLY, JASVINDER S. 1.2 NAME NAME 2880 N. ORANGE BLOSSOM TRAIL STREET ADDRESS 1.3 STREET ADDRESS KISSIMMEE FL 1.4 CITY-ST-ZIP CITY - ST - ZIF DELETE Change ___ Addition TITLE 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDFESS 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETÉ Change Addition 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP Addition DELETE TITLE 6.1 TITLE 6.2 NAME NAME 76.3 STREET ADDRESS STREET ADDRESS

14. I hereby certify that the information supplied with this filing does not odd indicated on this annual report or supplemental annual reports the and officer or director of the corporation or the receiver or trustee employeed Block 12 or Block 13 if changed, or on an attachment with an address. of the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information curate and that my signature shall have the same legal effect as if made under oath; that I am an execute his report as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE:

SIGNS FERE REQUIRUAS LAILY