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FILED

Feb 21 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # V09086 (2)

1. Corporation Name  
SOVEREIGN UNION CONSTRUCTION, INC.

Principal Place of Business  
600 W. HILLSBORO BLVD.  
379  
DEERFIELD BEACH FL 3341  
US

Mailing Address  
600 W. HILLSBORO BLVD.  
379  
DEERFIELD BEACH FL 33441-1609  
US



2. Principal Place of Business

21 4699 N. Federal Hwy  
Suite, Apt. #, etc.

22 206

23 Pompano Beach, FL  
City & State

24 33064 25 Broward  
Zip Country

2a. Mailing Address

26 4699 N. Federal Hwy  
Suite, Apt. #, etc.

27 206

28 Pompano Beach, FL  
City & State

29 33064 30 Broward  
Zip Country

9. Name and Address of Current Registered Agent

GREAVES, RAYMOND A.  
600 W HILLSBORO BLVD  
SUITE 379  
DEERFIELD BEACH FL 33441

3. Date Incorporated or Qualified  
01/23/1992

3a. Date of Last Report  
07/09/1996

4. FEI Number

65-0305321

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes

☐

No

10. Name and Address of New Registered Agent

81 Name

Raymond A. Greaves

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

4699 N. Federal Hwy

83

84 City

Pompano Beach

FL

85 Zip Code

33064

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

TITLE P ☐ DELETE  
NAME MAGUIRE, MICHAEL C  
STREET ADDRESS 708 N. W. 22ND STREET  
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE S ☐ DELETE  
NAME WASHBURN, JOHN  
STREET ADDRESS 2803 N.W. 12TH AVENUE  
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE VP ☐ DELETE  
NAME WASHBURN, JOHN  
STREET ADDRESS 2803 N.W. 12TH AVENUE  
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE T ☐ DELETE  
NAME GREAVES, RAYMOND A  
STREET ADDRESS 7924 GRENADA PLACE  
CITY-ST-ZIP BOCA RATON FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR John S. Washburn 2/11/97 954-942-9942

CR2E034 (9/96)