

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

FILED  
Jul 08, 1999 8:00 am  
Secretary of State

07-08-1999 90012 049 \*\*\*550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L09527  
1. Corporation Name  
STIRLING INSURANCE SERVICES, INC.



Principal Place of Business  
C/O TERRY SGAMMATO  
1687 S. STATE RD. 7  
N. LAUDERDALE FL 33068

Mailing Address  
C/O TERRY SGAMMATO  
1687 S. STATE RD. 7  
N. LAUDERDALE FL 33068

DO NOT WRITE IN THIS SPACE

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br>08/14/1989  |  |
| 4. FEI Number<br>65-0142806  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required   |  |
| 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees  |  |
| 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

|                                |                        |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address    |
| 21 Suite, Apt. #, etc.         | 26 Suite, Apt. #, etc. |
| 22 City & State                | 27 City & State        |
| 23 Zip Country                 | 28 Zip Country         |
| 24                             | 29                     |

9. Name and Address of Current Registered Agent

TERRY R. SGAMMATO  
1687 S STATE RE 7  
N LAUDERDALE FL 33068

10. Name and Address of New Registered Agent

|   |             |
|---|-------------|
| 81 Name   | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83  |             |
| 84 City   | FL          |

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                      | P                 | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | SGAMMATO, TERRY R | 1.2 NAME  |   |
| STREET ADDRESS             | 1687 S STATE RD 7 | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | N LAUDERDALE FL   | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                   | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                   | 2.2 NAME  |   |
| STREET ADDRESS             |                   | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                   | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                   | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                   | 3.2 NAME  |   |
| STREET ADDRESS             |                   | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                   | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                   | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                   | 4.2 NAME  |   |
| STREET ADDRESS             |                   | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                   | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                   | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                   | 5.2 NAME  |   |
| STREET ADDRESS             |                   | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                   | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                   | 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:

SIGNATURE REQUIRED  
TERRY R Sgammato 5/1/99

Date

Daytime Phone #

CR2E034 (1/98)

0165579