

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L25138 (3)**

1. Corporation Name

STERLING CAPITAL, LTD., INC.



Principal Place of Business

Mailing Address

% STEPHEN WILCHINS
36 WASHINGTON ST. STE 70
WELLSLEY MA 02181
US

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36 WASHINGTON ST. STE 70
WELLSLEY MA 02181
US

3. Date Incorporated or Qualified 10/24/1989	3a. Date of Last Report 05/01/1995
4. FEI Number 04-3070077	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21. % STEPHEN W. WILCHINS 22. 36 WASHINGTON ST 23. WELLSLEY MA 24. 02181	2a. Mailing Address 26. SAME 27. 36 WASHINGTON ST 28. WELLSLEY MA 29. 02181
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9. Name and Address of Current Registered Agent

MARCUS, STEWART
168 S.E. FIRST STREET CLIN
12TH FLOOR
MIAMI FL 33131

10. Name and Address of New Registered Agent

81. Name MARCUS STEWART
82. Street Address (P.O. Box Number is Not Acceptable) CLINTON INT'L GROUP
83. 2121 PONCE DE LEON BLVD
84. City CORAL GABLES
85. Zip Code FL 33134

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 _____ (NOTE: Registered Agent signature required when registering) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE D	<input type="checkbox"/> DELETE
NAME WILCHINS, STEPHEN	
STREET ADDRESS 36 WASHINGTON ST, STE 70	
CITY-ST-ZIP WELLESLEY MA	
TITLE D	<input type="checkbox"/> DELETE
NAME MARCUS, STEWART	
STREET ADDRESS 168 SE 1ST ST #1200	
CITY-ST-ZIP MIAMI FL	
TITLE D	<input type="checkbox"/> DELETE
NAME BOGGIO, LLOYD J.	
STREET ADDRESS 168 SE 1ST ST #1200	
CITY-ST-ZIP MIAMI FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE WILCHINS, STEPHEN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME WELLSLEY OFFICE PARK	
1.3 STREET ADDRESS 36 WASHINGTON ST	
1.4 CITY-ST-ZIP WELLESLEY, MA 02181	
2.1 TITLE MARCUS STEWART	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME CLINTON INT'L GROUP	
2.3 STREET ADDRESS 2121 PONCE DE LEON BLVD	
2.4 CITY-ST-ZIP CORAL GABLES FL 33134	
3.1 TITLE BOGGIO, LLOYD J.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME CLINTON INT'L GROUP	
3.3 STREET ADDRESS 2121 PONCE DE LEON BLVD	
3.4 CITY-ST-ZIP CORAL GABLES FL 33134	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Steph Wilchins DIRECTOR 3/18/96 617 2374400
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (12/95)