

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

FILED
Apr 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 # **L25138**
1. Corporation Name **STERLING CAPITAL LTD INC**

Principal Place of Business Mailing Address
1/0 STEPHIN N. WILCHINS
WELLSLEY OFFICE PARK (S/MG)
20 WILLIAM ST
WELLSLEY MA 02181

2. Principal Place of Business
21. Subst. Apt. #, etc. **SAMIS**
22. City & State
23. Zip Country
24. Zip Country

3. Date Incorporated or Qualified **10/24/89**
3a. Date of Last Report **3/18/96**
4. FEI Number **04-3070077**
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

9. Name and Address of Current Registered Agent
STEWART MARCUS
CLINTON INTERNATIONAL GROUP
2121 PONCE DE LEON BLVD
CORAL GABLES, FLORIDA 33134

10. Name and Address of New Registered Agent
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: *Stephyn Wilchins* DATE: **4/4/97**

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | STEPHIN WILCHINS <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WELLSLEY OFFICE PARK President | 1.2 NAME | |
| STREET ADDRESS | 20 WILLIAM ST | 1.3 STREET ADDRESS | |
| CITY-STATE-ZIP | WELLSLEY MA 02181 + Direct | 1.4 CITY-STATE-ZIP | |
| TITLE | Treasurer + Director <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STEWART MARCUS | 2.2 NAME | |
| STREET ADDRESS | 2121 PONCE DE LEON BLVD | 2.3 STREET ADDRESS | |
| CITY-STATE-ZIP | CORAL GABLES, FLORIDA 33134 | 2.4 CITY-STATE-ZIP | |
| TITLE | Secretary + Director <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 110YD BOGGIO | 3.2 NAME | |
| STREET ADDRESS | 2121 PONCE DE LEON BLVD | 3.3 STREET ADDRESS | |
| CITY-STATE-ZIP | CORAL GABLES, FLORIDA 33134 | 3.4 CITY-STATE-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-STATE-ZIP | | 4.4 CITY-STATE-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-STATE-ZIP | | 5.4 CITY-STATE-ZIP | |
| 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-STATE-ZIP | | 6.4 CITY-STATE-ZIP | |

600002149366 Change Addition
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*****165.00**

RW
4-21-97

14. I, the undersigned, certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 a 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: *Stephyn Wilchins* DATE: **4/4/97** DAYTIME PHONE # **617-2374400**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **617-2359250**

CR2E034 (9/96)