

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 JAN 19 AM 11:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000018206 (0)

1. Corporation Name

STERLING LAND TITLE CO.

Principal Place of Business

1110 BRICKELL AVENUE
SEVENTH FLOOR
MIAMI FL 33131

Mailing Address

1110 BRICKELL AVENUE
SEVENTH FLOOR
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/03/1994

3a. Date of Last Report

2. Principal Place of Business

21 1110 BRICKELL AVENUE

2a. Mailing Address

26 1110 BRICKELL AVENUE

4. FEI Number

65-0490948

Applied For

Not Applicable

22 SUITE 610

27 SUITE 610

5. Certificate of Status Desired

☒

\$9.75 Additional
Fee Required

City & State
23 MIAMI, FLORIDA

City & State
28 MIAMI, FLORIDA

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip
24 33131

Country
25 USA

Zip
29 33131

Country
30 USA

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

KALISH, EDWARD A
1110 BRICKELL AVENUE
SEVENTH FLOOR
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

EDWARD A. KALISH

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

1110 BRICKELL AVENUE

83 SUITE 605

84 City
MIAMI

FL

85 Zip Code
33131

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 607.0504, Florida Statutes.

SIGNATURE

Edward A. Kalish

EDWARD A. KALISH

01/12/95

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
D
NAME
KALISH, EDWARD A
STREET ADDRESS
1110 BRICKELL AVENUE, SEVENTH FLOOR
CITY-ST-ZIP
MIAMI FL 33131

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
D/P/S/AT ☒ Change ☐ Addition

12 NAME
KALISH, EDWARD A.

13 STREET ADDRESS
1110 BRICKELL AVENUE, SUITE 605

14 CITY-ST-ZIP
MIAMI, FL 33131

2.1 TITLE
D/VP/T/AS ☐ Change ☒ Addition

22 NAME
KINGCADE, TIMOTHY S.

23 STREET ADDRESS
1110 BRICKELL AVENUE, SUITE 610

24 CITY-ST-ZIP
MIAMI, FL 33131

3.1 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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 110.07(2)(g), 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:

Edward A. Kalish

EDWARD A. KALISH

01/12/95

305-373-7544

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

(Phone Number)