

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000079180 (3)**

1. Corporation Name  
**STERNBROOKE, INC.**



Principal Place of Business: **120 GIM GONG ROAD SUITE 5 OLDSMAR FL 34677**  
Mailing Address: **P.O. BOX 96 OLDSMAR FL 34677**

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30  
21, 22, 23, 24, 25, 26, 27, 28, 29, 30

3. Date first incorporated or qualified: **10/26/1994**  
3a. Date of Last Report: **06/20/1995**  
4. FEI Number: **59-3296412**  
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. 193.032, Florida Statutes:  Yes  No  
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**RICHMAN, AMY  
120 GIM GONG ROAD  
SUITE 5  
OLDSMAR FL 34677**

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

11. Pursuant to the provisions of Sections 607.0002 and 607.0005, Florida Statutes, the above named corporation submits the 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 607.0005, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS  
1. TITLE:  DELETE  
NAME: **D RICHMAN, JAMES A**  
STREET ADDRESS: **120 GIM GONG ROAD SUITE 5**  
CITY-ST-ZIP: **OLDSMAR FL 34677**  
2. TITLE:  DELETE  
NAME: **D RICHMAN, AMY**  
STREET ADDRESS: **120 GIM GONG ROAD SUITE 5**  
CITY-ST-ZIP: **OLDSMAR FL 34677**  
3. TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:  
4. TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:  
5. TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1. TITLE:  Change  Addition  
2. NAME:  
3. STREET ADDRESS:  
14. CITY-ST-ZIP:  Change  Addition  
15. TITLE:  
16. NAME:  
23. STREET ADDRESS:  
24. CITY-ST-ZIP:  Change  Addition  
25. TITLE:  
32. NAME:  
33. STREET ADDRESS:  
34. CITY-ST-ZIP:  Change  Addition  
4. TITLE:  
40. NAME:  
41. STREET ADDRESS:  
42. CITY-ST-ZIP:  Change  Addition  
5. TITLE:  
52. NAME:  
53. STREET ADDRESS:  
54. CITY-ST-ZIP:  Change  Addition  
6. TITLE:  
62. NAME:  
63. STREET ADDRESS:  
64. CITY-ST-ZIP:  Change  Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not comply for the exemption stated in Section 119.07(3)(b) Florida Statutes. I further certify that the information indicated on this form 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 person or business empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 or on an attached form with an addition.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Amy Richman*

4-8-96

813-855-0888

CR2E034 (12/95)