

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathews
Tallahassee, Florida
32399-0001

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 17 PM 3:20

DOCUMENT # P94000092450 (3)

1. Corporation Name

STERLING FACTORS, INC.

Principal Place of Business: 2339 9TH ST N SUITE 303 NAPLES FL 33940
Mailing Address: 2339 9TH ST N SUITE 303 NAPLES FL 33940

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/20/1994
3a. Date of Last Report: 12/20/1994
4. FEI Number: 65-0537622
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Has this corporation been a Trust or a Contribution? \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 190.032, Florida Statutes. Yes No

2. Principal Place of Business: 21 Suite, Apt #, etc.: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent
ROSEN, RUSSELL V
2339 9TH ST N
SUITE 303
NAPLES FL 33940

10. Name and Address of New Registered Agent
B1 Name: _____
B2 Street Address (P.O. Box Number is Not Acceptable): _____
B3 _____
B4 City: _____ B5 Zip Code: 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 the Florida Code) _____ (Name, typed or printed name of registered agent and the Florida Code) _____ (Date)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	ROSEN, RUSSELL V
STREET ADDRESS	2339 9TH ST N SUITE 303
CITY-ST-ZIP	NAPLES FL 33940
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I hereby certify that the information required on this filing is accurately stated and does not equal, for the corporation, the information in the 1994 Florida Statutes. Further, I certify that the information is filed on this annual report or supplemental annual report in true and accurate form, and that the corporation shall have the same legal effect as if made in accordance with the laws of the State of Florida. I am an officer or director of the corporation or the registered agent, and I am authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or as an attachment with my address.

SIGNATURE: _____
RUSSELL V ROSEN
Name and typed or printed name of registered agent or director

2-14-95 813-262-4113