

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

**FILED**  
**Mar 06 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 260589 (7)**

1. Corporation Name  
**STERLING'S MEN'S & BOYS', INC.**

Principal Place of Business <b>910 EAST LAS OLAS BLVD.                  FT. LAUDERDALE FL 33301</b>	Mailing Address <b>910 EAST LAS OLAS BLVD.                  FT. LAUDERDALE FL 33301</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/30/1962</b>	
21 Suite, Apt #, etc	22 City & State	23 Zip	24 Country	25	26
27 Suite, Apt #, etc.		28 City & State		29 Zip	
30 Country		31		32	
33		34		35	
36		37		38	
39		40		41	
42		43		44	
45		46		47	
48		49		50	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>STERLING, NEIL</b> <b>910 E. LAS OLAS BLVD</b> <b>FT LAUDERDALE FL 33301</b>				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 607.0502 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STERLING, NEIL A			1.2 NAME			
STREET ADDRESS	2132 BAYVIEW DR			1.3 STREET ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE, FL 00000			1.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STERLING, JANETTE			2.2 NAME			
STREET ADDRESS	1801 SE 2ND ST			2.3 STREET ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE, FL 00000			2.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STERLING, LORI			3.2 NAME			
STREET ADDRESS	901 SE 9TH ST			3.3 STREET ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE, FL 00000			3.4 CITY-ST-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-ST-ZIP				4.4 CITY-ST-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-ST-ZIP				5.4 CITY-ST-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-ST-ZIP				6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** \_\_\_\_\_ **2/25/98** **954 467-7321**

CFR2E034 (10/97)