

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **F94000001941 (3)**

1. Corporation Name
STERLING ADMINISTRATIVE SERVICES, INC.

Principal Place of Business

**4 PENN CENTER PLAZA
PHILADELPHIA PA 19103**

Mailing Address

**4 PENN CENTER PLAZA
PHILADELPHIA PA 19103**

SEE CHANGE IN ADDRESS

2. Principal Place of Business

21 THREE PARKWAY

Suite, Apt. #, etc.

2a. Mailing Address

26 THREE PARKWAY

Suite, Apt. #, etc.

City & State

23 PHILADELPHIA, PA

Zip

24 19102

Country

25 USA

City & State

28 PHILADELPHIA, PA

Zip

29 19102

Country

30 USA

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324**

3. Date Incorporated or Qualified

04/14/1994

4. FEI Number

23-2734307

Applied For

☐ Not Applicable

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

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 **CT CORPORATION SYSTEMS**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD**

STREET ADDRESS **4 PENN CENTER PLAZA**

CITY-ST-ZIP **PHILADELPHIA PA**

TITLE ☒ DELETE

NAME **GRIBBIN, JOHN**

STREET ADDRESS **4 PENN CENTER PLAZA**

CITY-ST-ZIP **PHILADELPHIA PA**

TITLE ☒ DELETE

NAME **DAVP**

STREET ADDRESS **4 PENN CENTER PLAZA**

CITY-ST-ZIP **PHILADELPHIA PA**

TITLE ☐ DELETE

NAME **CAFARO, MARK**

STREET ADDRESS **4 PENN CENTER PLAZA**

CITY-ST-ZIP **PHILADELPHIA PA**

TITLE ☐ DELETE

NAME **SPECTOR, PAUL R**

STREET ADDRESS **4 PENN CENTER PLAZA**

CITY-ST-ZIP **PHILADELPHIA PA 19103**

TITLE ☐ DELETE

NAME **NESPOLI, LEONARD**

STREET ADDRESS **4 PENN CENTER PLAZA**

CITY-ST-ZIP **PHILADELPHIA PA**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☒ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

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: **RICHARD B. RAUP**

7/14/98 215-836-8550

FILED
Aug 05 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

CR2E034 (5/98)