

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F95000002183 (0)

1. Corporation Name

STERLING-WINDSOR VENTURE GROUP, INC.



Principal Place of Business

Mailing Address

3550 SAN MIGUEL CT.
BONITA CA 91902

3550 SAN MIGUEL CT.
BONITA CA 91902

3. Date Incorporated or Qualified

05/03/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MOTH, DAVID
1082 ERIC CT.
KISSIMMEE FL 34744

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

David Moth (c.s.) David Moth

8/2/96
Date

12. OFFICERS AND DIRECTORS

TITLE PD
NAME PREIBISUS, ADELINA M
STREET ADDRESS 3550 SAN MIGUEL CT.
CITY-ST-ZIP BONITA CA 91902

☐ DELETE

TITLE VD
NAME MOJICA, EDGAR TYKE
STREET ADDRESS 87-52 52ND AVE.
CITY-ST-ZIP ELMHURST NY 11373

☐ DELETE

TITLE SD
NAME SAMSON, BERNADETTE A
STREET ADDRESS 6859 PARIS WAY
CITY-ST-ZIP SAN DIEGO CA 92139

☐ DELETE

TITLE T
NAME HERNANDEZ, ELEANOR M
STREET ADDRESS 10315 CAMINITO ALVAREZ
CITY-ST-ZIP SAN DIEGO CA 92126

☐ DELETE

TITLE D
NAME MOJICA, ANGEL JOSEPH
STREET ADDRESS 3550 SAN MIGUEL CT.
CITY-ST-ZIP BONITA CA 91902

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE: *p*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Block #

CR2E034 (3/96)