

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

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Apr 07 1998 8:00am  
Secretary of State

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| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1998 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
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DOCUMENT # F97000005144 (7)

1. Corporation Name

AMERICAN STERLING INSURANCE AGENCY, INC.

Principal Place of Business

9800 MUIRLANDS BLVD  
IRVINE CA 92718

Mailing Address

9800 MUIRLANDS BLVD  
IRVINE CA 92718



DO NOT WRITE IN THIS SPACE

|  |                      |                     |                      |   |  |
|--|----------------------|---------------------|----------------------|---|--|
| 2. Principal Place of Business                                   |                      | 2a. Mailing Address |                      | 3. Date Incorporated or Qualified   |  |
| 21   | 9800 MUIRLANDS BLVD. | 26                  | 9800 MUIRLANDS BLVD. | 10/01/1997  |  |
| Suite, Apt. #, etc   |                      | Suite, Apt. #, etc  |                      | 4. FEI Number   |  |
| 22   |                      | 27                  |                      | 95-3953356  |  |
| City & State   |                      | City & State        |                      | Applied For   |  |
| 23   |                      | 28                  |                      | Not Applicable  |  |
| IRVINE, CA   |                      | IRVINE, CA          |                      | 5. Certificate of Status Desired  |  |
| Zip  |                      | Zip                 |                      | <input type="checkbox"/> \$8.75 Additional Fee Required   |  |
| 24   |                      | 29                  |                      | 6. Election Campaign Financing  |  |
| 92618  |                      | 92618               |                      | Trust Fund Contribution   |  |
| Country  |                      | Country             |                      | <input type="checkbox"/> \$5.00 May Be Added to Fees  |  |
| 25   |                      | 30                  |                      | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. |  |
| U.S.   |                      | U.S.                |                      | <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No                      |  |
| 9. Name and Address of Current Registered Agent                  |                      |                     |                      | 10. Name and Address of New Registered Agent  |  |
| NRAI SERVICES, INC.<br>526 E PARK AVENUE<br>TALLAHASSEE FL 32301 |                      |                     |                      | 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

Signature, typed or printed name of registered agent and title (Applicable to Block 12 only. Do not sign or print name of person who is not the registered agent.)

DATE

|                            |                       |   |                         |
|----------------------------|-----------------------|---|-------------------------|
| 12. OFFICERS AND DIRECTORS |                       | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                         |
| TITLE                      | PCD                   | 1.1 TITLE   | PD                      |
| NAME                       | THOMPSON, MICHAEL D   | 1.2 NAME  | K ROCHALIS, WILLIAM     |
| STREET ADDRESS             | 1732 COURTNEY AVENUE  | 1.3 STREET ADDRESS                                    | 226 LINDSEY PLACE       |
| CITY - ST - ZIP            | LOS ANGELES CA        | 1.4 CITY - ST - ZIP                                   | MARIETTA, GA 30067      |
| TITLE                      | VD                    | 2.1 TITLE   | VT                      |
| NAME                       | LOCK JR, JOHN D       | 2.2 NAME  |                         |
| STREET ADDRESS             | 29542 TAMARRON        | 2.3 STREET ADDRESS                                    |                         |
| CITY - ST - ZIP            | LAGUNA NIGUEL CA      | 2.4 CITY - ST - ZIP                                   |                         |
| TITLE                      | S                     | 3.1 TITLE   | D                       |
| NAME                       | BOLAND, ROB           | 3.2 NAME  | DODGE, LAWRENCE K.      |
| STREET ADDRESS             | 5888 E CANOTIA PLACE  | 3.3 STREET ADDRESS                                    | 63 MONTELEONE BAY DR.   |
| CITY - ST - ZIP            | CAREFREE AZ           | 3.4 CITY - ST - ZIP                                   | MONARCH BEACH, CA 92629 |
| TITLE                      | TD                    | 4.1 TITLE   | D                       |
| NAME                       | DEARDEN, RON          | 4.2 NAME  | MIZEL, ADAM             |
| STREET ADDRESS             | 15 COPPS HILL         | 4.3 STREET ADDRESS                                    | 59 BUXTON ROAD          |
| CITY - ST - ZIP            | LAGUNA NIGUEL CA      | 4.4 CITY - ST - ZIP                                   | CHATHAM, NJ 07928       |
| TITLE                      | V                     | 5.1 TITLE   |                         |
| NAME                       | SKERDA, DAVID A       | 5.2 NAME  |                         |
| STREET ADDRESS             | 2428 HEARTH DRIVE     | 5.3 STREET ADDRESS                                    |                         |
| CITY - ST - ZIP            | EVERGREEN CO          | 5.4 CITY - ST - ZIP                                   |                         |
| TITLE                      | V                     | 6.1 TITLE   | D                       |
| NAME                       | SHADE, RON L          | 6.2 NAME  | WASERMAN, DAVID         |
| STREET ADDRESS             | 26194 HILLSFORD PLACE | 6.3 STREET ADDRESS                                    | 14 CARRIOLET LN.        |
| CITY - ST - ZIP            | LAKE FOREST CA        | 6.4 CITY - ST - ZIP                                   | MELVILLE, NY 11747      |

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: T. E. SILEN 3/25/98 714/206.6232

CR2E034 (10/97)

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