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Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90030 010 ***158.75

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F97000005144

1. Corporation Name

AMERICAN STERLING INSURANCE AGENCY, INC.

Principal Place of Business

9800 MUIRLANDS BLVD
IRVINE CA 92618
US

Mailing Address

9800 MUIRLANDS BLVD
IRVINE CA 92618
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/01/1997

4. FEI Number

95-3953356

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 the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 E PARK AVENUE
TALLAHASSEE FL 32301

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

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 PD
NAME KROCHALIS, WILLIAM
STREET ADDRESS 226 LINDSEY PL
CITY-ST-ZIP MARIETTA GA 30067

☐ DELETE

TITLE VT
NAME LOCK JR, JOHN D
STREET ADDRESS 29542 TAMARRON
CITY-ST-ZIP LAGUNA NIGUEL CA

☒ DELETE

TITLE D
NAME DODGE, LAWRENCE K.
STREET ADDRESS 63 MONARCH BAY DR
CITY-ST-ZIP MONARCH BEACH CA 92629

☒ DELETE

TITLE D
NAME MIZEL, ADAM
STREET ADDRESS 59 BUXTON RD
CITY-ST-ZIP CHATHAM NJ 07928

☐ DELETE

TITLE V
NAME SKERDA, DAVID A
STREET ADDRESS 2428 HEARTH DRIVE
CITY-ST-ZIP EVERGREEN CO

☒ DELETE

TITLE D
NAME WASERMAN, DAVID
STREET ADDRESS 14 CABRIOLET LANE
CITY-ST-ZIP MELVILLE NY 11747

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE: *Ronald Mark Chapman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/99

Date

(949) 206-6200

Daytime Phone #

CR2E034 (1/1/98)