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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT # G826

(3)

STERNSON INC.

FILED Mar 19 1998 8:00am Secretary of State

Principal Place of Business Mailing Address									- ''''	hirit Madr lättä stötä áttös mität	A111 A1011 A1011	41911 91911 9191	I BIBN 1881
C/O RUSSELL STERN C/O RUSSELL STERN													
2001 SAILFISH POINT 2001 SAILFISH POINT													
8TUART FL 34998-1971 STUART FL 34998-1971										DO NOT WRI		SPACE	
									01/1	Incorporated or Qualified 17/1984	j 		
2.	Principal P	cipal Place of Business 26. Mailing Address							4. FEI N			Ap	plied For
21	26									<u>-2382643</u>		No	t Applicable
	Suite, Apt.	, Apt. #, etc. Suite, Apt. #, etc.							5. Certifi	icate of Status Desired		\$8.75	
22	27											Fee Re	
	City & State	6		⊢	City & State				on Campaign Financing		\$5.00		
23	Zip		Country	28	7ip	1 6	ountry			Fund Contribution		Added 1	
	Σip			<u> </u>	rib	\vdash	ountry			corporation owes or has			angible No
24		o Name	and Address of C	29	red Agent	30	Τ.			nal Property Tax due Jui and Address of New I			7 140
	QT1	ERN, RUSS		urrent trograte	NOU Agent	81	Name	TO, Italia	BIID AQUIDOS OF 14041 I	togratorou	Agoit .		
2000 SAILFISH POINT STUART FL 33494								Street Ad	dress (P.O. Box Number is Not Acceptable)				
	Oli	UMNI FL 3	- 101				83	1		 			
							84	City				les Zio (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 re												s 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 registere agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.													ing stored
SIGNATURE													
Signature, typed or printed name of registered apent and title if applicable (NOTE: Reg								nt signature rec	ired when reinstati		DATE	DIDECTOR	0.0140
12		DP	OFFICER	S AND DIRECT	DELETE	18			ADDIII	ONS/CHANGES TO OFF	ICEMS AND	Change	S IN 12
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	r-st-zip						CITY-S	Y-21P					
TITL	.E				☐ DELETE	6.1	TITLE	1				☐ 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 suppliemental 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 atlachment with an address.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP