

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # H06765 (2)

1. Corporation Name

STERLING IMPERIAL FARMS, INC.



Principal Place of Business

60 CUTTER MILL ROAD  
SUITE 212  
GREAT NECK NY 11021

Mailing Address

60 CUTTER MILL ROAD  
SUITE 212  
GREAT NECK NY 11021

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

CORPLEX REALTY INC  
6767 NORTH WICKHAM ROAD  
SUITE 400  
MELBOURNE FL 32940

3. Date Incorporated or Qualified  
06/06/1984

3a. Date of Last Report  
04/04/1995

4. FEI Number  
13-3242240

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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ 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

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

(NOTE: Registered Agent signature required when restate is required)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DC  
NAME MARCHESO, JOSEPH J.  
STREET ADDRESS 6767 NORTH WICKHAM RD -SUITE 400  
CITY-ST-ZIP MELBOURNE FL 32940

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

TITLE DP  
NAME GOLDING, HARRIET  
STREET ADDRESS 60 CUTTER MILL ROAD - SUITE 212  
CITY-ST-ZIP GREAT NECK NY 11021

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

TITLE DVP  
NAME LEVY, JERROLD, G  
STREET ADDRESS 60 CUTTER MILL ROAD - SUITE 212  
CITY-ST-ZIP GREAT NECK NY

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

TITLE J  
NAME JARDINE, JEFFREY P.  
STREET ADDRESS 60 CUTTER MILL ROAD - SUITE 212  
CITY-ST-ZIP GREAT NECK NY 11021

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

TITLE AS  
NAME STANZIONE, BARBARA T.  
STREET ADDRESS 60 CUTTER MILL ROAD - SUITE 212  
CITY-ST-ZIP GREAT NECK NY 11021

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

TITLE S  
NAME SCHLOSSBERG, MORTON J  
STREET ADDRESS 60 CUTTER MILL ROAD - SUITE 212  
CITY-ST-ZIP GREAT NECK NY 11021

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

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/96

(516) 487-0440

CR2E034 (12/95)