

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 # **H30441** (0)

1. Corporation Name

**STERLING PRESTRESS, INC.**



Principal Place of Business

**801 BRICKELL AVE., 14TH FLOOR  
MIAMI FL 33131-9900**

Mailing Address

**801 BRICKELL AVE., 14TH FLOOR  
MIAMI FL 33131-9900**

3. Date Incorporated or Qualified  
**11/19/1984**

3a. Date of Last Report  
**02/13/1995**

2. Principal Place of Business

2a. Mailing Address

21 **11905 N.W. 102 Road**  
Suite, Apt. #, etc.

26 **11905 N.W. 102 Road**  
Suite, Apt. #, etc.

4. FEI Number  
**59-2483700**

Applied For  
Not Applicable

22 City & State

23 **Medley, Florida**

27 City & State

28 **Medley, Florida**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 Zip **33178** 25 Country **U.S.A.**

29 Zip **33178** 30 Country **U.S.A.**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SKOLA, THOMAS J.  
801 BRICKELL AVE., 14TH FLOOR  
MIAMI FL 33131-9900**

81 Name **HENRY H. TAYLOR, JR.**

82 Street Address (P.O. Box Number is Not Acceptable)  
**11905 N.W. 102 ROAD**

83

84 City **Medley**

FL 85 Zip Code **33178**

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 telephone number, if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

**1/18/96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **PD  
KNOWLES, DOUGLAS K.**  
STREET ADDRESS **10900 N.W. 121 WAY EXT.**  
CITY-STATE-ZIP **MEDLEY FL**

TITLE ☐ DELETE

NAME **VD  
HADDAD, SAID**  
STREET ADDRESS **1177 KANE CONCOURSE**  
CITY-STATE-ZIP **BAY HARBOUR ISLAND FL**

TITLE ☐ DELETE

NAME **SD  
TAYLOR, HENRY H., JR.**  
STREET ADDRESS **801 BRICKELL AVE.**  
CITY-STATE-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME **T  
GILDA, AVILA**  
STREET ADDRESS **10900 NW 121 WAY EXT**  
CITY-STATE-ZIP **MEDLEY FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS **11905 N.W. 102 Road**  
1.4 CITY-STATE-ZIP **Medley, FL 33178**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS **2124 N.E. 123 Street, Suite 208**  
2.4 CITY-STATE-ZIP **North Miami, FL 33181-2939**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS **11905 N.W. 102 Road**  
3.4 CITY-STATE-ZIP **Medley, FL 33178**

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS **11905 N.W. 102 Road**  
4.4 CITY-STATE-ZIP **Medley, FL 33178**

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS  
6.4 CITY-STATE-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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/18/96 (305) 377-6700**

CR2E034 (12/95)