

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
May 04, 1999 8:00 am  
Secretary of State

05-04-1999 90189 014 \*\*\*150.00

DOCUMENT # H36619

1. Corporation Name  
STERLING REALTY GROUP, INC.

Principal Place of Business  
14519 WALSHINGHAM ROAD  
STE F  
LARGO FL 34644  
US

Mailing Address  
14519 WALSHINGHAM RD  
SUITE F  
LARGO FL 34644  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
01/02/1985

4. FEI Number  
59-2476564

Applied For  
Not Applicable

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

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

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

MARTINEZ, JAIME  
906 BAY BREEZE TERR  
LARGO FL 33770

10. Name and Address of New Registered Agent

81 Name Sandra P. Restrepo

82 Street Address (P.O. Box Number is Not Acceptable)

83 906 Bay Breeze Ter.

84 City Largo, Fla. FL 85 Zip Code 33770

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 *Sandra P. Restrepo* Sandra P. Restrepo

4/29/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☒ DELETE

TITLE PSD  
NAME MARTINEZ, JAIME  
STREET ADDRESS 906 BAY BREEZE TER  
CITY-ST-ZIP LARGO FL 33770

TITLE VPTD  
NAME MARTINEZ, ESPERANZA  
STREET ADDRESS 906 BAY BREEZE TER  
CITY-ST-ZIP LARGO FL 33770

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☒ Addition

1.1 TITLE PSD  
1.2 NAME Restrepo, Sandra P.  
1.3 STREET ADDRESS 906 Bay Breeze Ter.  
1.4 CITY-ST-ZIP Largo, Fla.

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: *Jaime Martinez* Jaime Martinez

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

(727) 585-5262  
April 29/99

CR2E034 (11/98)