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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J61740

STERLING CONSULTING REALTY, INC.

.>								
Principal Plac	e of Business	Mailing Address						******
1146 JEFFERSO		1146 JEFFERSON ST.						
HOLLYWOOD FL 33019 HOLLYWOOD FL 33019						DO NOT WRITE IN TH	IC CDACE	
US	•	JUS				DO NOT WRITE IN TH	IS SPACE	·
					3	03/13/1987		
, Detected D	Name of Disciplant	2a. Mailing Address				U) 13/1907 I, FEI Number	· · · · · · · · · · · · · · · · · · ·	antical Con
	lace of Business	⊢ •			"	59-2773554	 -	pplied For
21 Suita Ant	# ata	Suite, Apt. #, etc.				39-2113334		ot Applicable Additional
					5	i. Certifcate of Status Desired		equired
City & Stat		City & State			-	i. Election Campaign Financing		May Be
23 28			•			Trust Fund Contribution		to Fees
Zip	Country	. Zip	Cou	ntrv		, This corporation owes the current year		
24	. 25	 	30	,	•	Personal Property Tax.	Yes	X No-
24	9. Name and Address of Curren	1 1	30		10), Name and Address of New Registere	d Agent	
				81 Name		<u> </u>		
	VEN, D. CRAIG							· · · · · · · · · · · · · · · · · · ·
1146 JEFFERSON ST				82 Street Ad	aaress (P.O. Box Number is Not Acceptable)		
HOL	LYWOOD FL 33019			83			4 4 7 7 7	1.81 (3)
€ p							1	5 1 51 1
	•			84 City		F	85 Zip	Code
.11. Pureuant	to the provisions of Sections 607 050	2 and 607 1508. Florida Statute	es the at	ove-named co	ornoratio	on submits this statement for the purpose	of changing its	s registered
office or r	egistered agent, or both, in the State	of Florida. Such change was at	uthorized	by the corpora	ation's b	poard of directors. I hereby accept the app	ointment as r	egistered
ು agent. I a	m familiar with, and accept the obligat	tions of, Section 607.0505, Flor	nda Statt	tes.				
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable (NOTE:	Registered	Agent signature requ	uired when	reinstating), DATE		 .
12.	OFFICERS AN							
TITLE		D DIRECTORS	13.				AND DIRECT	ORS IN 12
NAME	P	D DIRECTORS DELETE	13.	E		ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	ORS IN 12
	P HEAVEN, D. CRAIG		_					
STREET ADDRESS	HEAVEN, D. CRAIG		1,1 TIT 1,2 NA	ME				
STREET ADDRESS	HEAVEN, D. CRAIG 1146 JEFFERSON ST		1,1 TIT 1.2 NA 1.3 STI	ME REET ADDRESS				
CITY-ST-ZIP	HEAVEN, D. CRAIG 1146 JEFFERSON ST HOLLYWOOD FL		1.1 TIT 1.2 NA 1.3 STI 1.4 CIT	ME REET ADORESS Y-ST-ZIP				
CITY-ST-ZIP TITLE	HEAVEN, D. CRAIG 1146 JEFFERSON ST HOLLYWOOD FL TS	☐ DELETE	1,1 TIT 1,2 NA 1,3 STI 1,4 CFI 2,1 TIT	REET ADDRESS Y-ST-ZIP			Change	Addition
CITY-ST-ZIP TITLE NAME	HEAVEN, D. CRAIG 1146 JEFFERSON ST HOLLYWOOD FL TS PENNY MAHAR	☐ DELETE	1.1 TIT 1.2 NA 1.3 STI 1.4 CII 2.1 TIT 2.2 NA	REET ADORESS Y-ST-ZIP E			Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	HEAVEN, D. CRAIG 1146 JEFFERSON ST HOLLYWOOD FL TS PENNY MAHAR BAHAR CORNER RD.	☐ DELETE	1.1 TIT 1.2 NA 1.3 STI 1.4 CFI 2.1 TIT 2.2 NA 2.3 STI	ME REET ADORESS Y-ST-ZIP LE ME REET ADORESS			Change	Addition
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14. I hereby certify that the information supplied with this filing does indicated on this annual report or supplemental annual report is officer or director of the corporation of the receiver or trustee Block 12 or Block 13 if changes or on an attachment with an a not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an appeared to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FILED

Feb 01, 1999 8:00am

Secretary of State

02-01-1999 90047 010 ***150.00