

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

FILED

Mar 04 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K03596** (9)

1. Corporation Name
STERLING HOMES AT SILVER OAKS, INC.

Principal Place of Business 7036 FORT KING RD. ZEPHYRHILLS FL 33604	Mailing Address 7036 FORT KING RD. ZEPHYRHILLS FL 33604-1800
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2. Principal Place of Business 21 5739 Gall Boulevard Suite Apt. # etc.		2a. Mailing Address 26 PO Box 1536 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 11/23/1987	3a. Date of Last Report 04/16/1996
22 City & State Zephyrhills, FL		27 City & State Zephyrhills, FL		4. FEI Number 65-0017033	Applied For Not Applicable
23 Zip 33541	25 Country Pasco	28 Zip 33539-1536	30 Country Pasco	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24 33541		29 33539-1536		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent BOGGS, E. JACKSON 501 E. KENNEDY BLVD SUITE 1700 TAMPA FL 33602				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				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 reinstating)		DATE	
12. OFFICERS AND DIRECTORS							
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE			
	VO SMITH, CULLEN E., JR	6811 FOUNDERS ST.	ZEPHYRHILLS FL				
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE			
	PD SMITH, BRANTLEY E.	6545-4 BRENTWOOD DR.	ZEPHYRHILLS FL				
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE			
	STD SMITH, MATILDA (TILLIE)	6811 FOUNDERS ST.	ZEPHYRHILLS FL				
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
11 TITLE				<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
12 NAME							
13 STREET ADDRESS							
14 CITY-ST-ZIP							
21 TITLE				<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
22 NAME							
23 STREET ADDRESS							
24 CITY-ST-ZIP							
31 TITLE				<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
32 NAME							
33 STREET ADDRESS							
34 CITY-ST-ZIP							
41 TITLE				<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
42 NAME							
43 STREET ADDRESS							
44 CITY-ST-ZIP							
51 TITLE				<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
52 NAME							
53 STREET ADDRESS							
54 CITY-ST-ZIP							
61 TITLE				<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
62 NAME							
63 STREET ADDRESS							
64 CITY-ST-ZIP							

14. I do 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.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)