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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # K08525 1. Corporation Name

STERLING TOWER SERVICE, INC.

Mailing Address

Principal Place of Business % JOEL STERLING 4153 SW 47TH AVE STE 135 FT LAUDERDALE 33314

% JOEL STERLING 4153 SW 47TH AVE STE 135 FT LAUDERDALE 33314

## FILED Feb 02, 1999 8:00am Secretary of State

02-02-1999 90029 032 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

01/01/1988

2. Principal Pla								
	ace of Business	2a. Mailing Address			4. FEI Number		Ap.	plied For
21		26			59-2860405		No	t Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.			E Contiferate of Chatana Danier	a D	\$8.75	Additional
22		27			5. Certifcate of Status Desire	d 🗆	Fee Re	equired
City & State	<b>3</b>	City & State			6. Election Campaign Financ	ina _	\$5.00	May Be
23		28			Trust Fund Contribution	"" <sup>9</sup> 🗆	Added	,
Zip	Country	Zip	Country		8. This corporation owes the	current year Int		
· •	25	<b>⊢</b> ·	30	-	Personal Property Tax.	oanent year III	Yes	No
•••	9. Name and Address of Current F		<del></del>	1	0. Name and Address of Ne	w Registered		<i>/</i>
			81	Name				•
STERLING, JOEL								
4153 SW 47TH AVE STE 135 FT LAUDERDALE FL 33314			82	82 Street Address (P.O. Box Number is Not Acceptable)				
			83	99 (F. 1992) 1992 1992 1993 1994 1994 1994 1994 1994 1995 1995 1995				
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			84	City	** ** ** ** ** ** ** ** ** ** ** ** **	2 14 at 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	85 Zip (	Code
	A 2 "					FL		
11. Pursuant to	o the provisions of Sections 607.0502 a	and 607.1508, Florida Statute	s, the above-	named corporat	on submits this statement for	the purpose of	changing its	registered
oπice or re	egistered agent, or both, in the State of in familiar with, and accept the obligation	rionda. Such change was au ns of, Section 607.0505. Flori	unonzed by th ida Statutes.	e corporation's	poard of directors. I hereby a	ccept the appoi	ntment as re	gistered
~		,,,,,,			·			•
SIGNATURE 5	Signature, typed or printed name of registered agent as	nd title if applicable. (NOTE:	Registered Agent s	ignature required whe	n reinstating)	DATE	<del></del>	
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO	OFFICERS AN	ID DIRECTO	RS IN 12
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4. 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 informatio 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:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1 14 99 954-797-8946

CROEC