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

May 27 1998 8:00am **PROFIT** LLORIDA DEPARTMENT DE STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT #
1. Corporation Name (1)STERLING INNOVATIONS, INC. Principal Place of Business Mailing Address 1580 GLENCOE RD 1580 GLENCOE RD WINTER PARK FL 32789 WINTER PARK FL 32789 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/06/1989 2. Principal Place of Business 2a. Mailing Address Applied For 21 59-2948715 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes □ No Personal Property Tax due June 30. 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 GIRAULO, JUDITH A. 1580 GLENCOE RD 82 Street Address (P.O. Box Number is Not Acceptable) WINTER PARK FL 32789 83 Zip Code 84 City 85 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: Type-Lor perfect ranse of registered agent and the id-applicable (NORE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition 1.1 HILE TITLE E034 GIRAULO, JUDITH A. 1.2 NAME NAME 1580 GLENCOE RD 1.3 STREET ADDRESS STREET ADDRESS WINTER PARK FL 1.4 CITY - ST - 7IP CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE NAME 2.2 NAME 23 STREET ADDRESS STREET ADDRESS 2 4 CITY-S1-7IP CITY-ST-ZiP DELETE Change Addition 31 HILF TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 3.4 CITY - ST - ZiP DELETE Addition 4.1 HHE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-S1-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY-S1-ZIP CITY-ST-ZIP DELETE Addition 61 TITLE TITLE 6.2 NAME NAME

6.3 STREET ADDRESS

CITY-ST-ZIP
6.4 CITY-ST-ZIP
14. Thereby certify that the information supplied with this thing 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 supplied entail 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 of the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in

STREET ADDRESS CITY-ST-ZIP

Block 12 or Block 13 if changed, or on an attachment with an address.

FILED