

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Matham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAY -1 PM 1:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L17519** (4)

1. Corporation Name:  
**STERLING BUSINESS SYSTEMS, INC.**

Principal Place of Business: **23164 SANDALFOOT PLAZA DR**  
**BOCA RATON FL 33428-6627**  
**US**

Multiple Address: **23164 SANDALFOOT PLAZA DR**  
**BOCA RATON FL 33428-6627**  
**US**

(Do not write in this space)

3. Date of Incorporation in Country: **09/18/1989** 3a. Date of Last Report: **05/01/1994**

4. FFI Number: **65-0144020** Applied For:  Not Applicable:

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

6. Election Campaign Financing:  **\$5.00 May Be Added to Fees**

7. Does corporation file annually for federal income tax purposes?  Yes  No

2. Principal Place of Business: **21** 2a. Multiple Address: **26**

22. **27**

23. **28**

24. **25** 29. **30**

9. Name and Address of Current Registered Agent

**BECKER, PAMELA**  
**75 NE 6TH AVE 223**  
**DELRAY BCH FL 33483**

10. Name and Address of New Registered Agent

81. Name: **Becker Pamela E.**

82. Street Address: **23164 Sandalfoot Plaza Dr**

83. **BOCA RATON FL 33428**

11. Pursuant to the provisions of Sections 607.01 and 607.02 of the Florida Statutes, the undersigned, being a duly qualified officer or director of the corporation, hereby certifies that the information furnished herein is true and correct to the best of their knowledge and belief.

STATE OF FLORIDA

12. OFFICERS AND DIRECTORS

NAME	<b>P</b>
STREET ADDRESS	<b>BECKER, PAMELA E</b>
CITY	<b>23164 SANDALFOOT PLAZA DR</b>
STATE	<b>BOCA RATON FL</b>
ZIP	
NAME	
STREET ADDRESS	
CITY	
STATE	
ZIP	
NAME	
STREET ADDRESS	
CITY	
STATE	
ZIP	
NAME	
STREET ADDRESS	
CITY	
STATE	
ZIP	

13. ADDITIONAL OFFICERS, DIRECTORS AND EMPLOYEES

NAME	<b>CEO</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>Becker Pamela E</b>	
CITY	<b>23164 Sandalfoot Pl DR</b>	
STATE	<b>BOCA RATON, FL 33428</b>	
ZIP		
NAME	<b>President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>Glenn Sierler</b>	
CITY	<b>23164 Sandalfoot Plaza Dr</b>	
STATE	<b>BOCA RATON, FL 33428</b>	
ZIP		
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY		
STATE		
ZIP		
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY		
STATE		
ZIP		

14. I, the undersigned, hereby certify that the information supplied with this report is true and correct to the best of my knowledge and belief, and that the information is true and correct to the best of my knowledge and belief.

SIGNATURE: **Pamela E. Becker**  
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

4/21/95 (407) 451 4417