

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # L35193

(6)

1. Corporation Name:

STERLING GRACE CORPORATION

Principal Place of Business:

% JOHN S. GRACE
1940 S OCEAN BLVD
MANALAPAN FL 33462

Mailing Address:

C/O JOHN GRACE
P.O. BOX 163
GLEN HEAD NY 11545
US

2. Principal Place of Business:

21 Suite, Apt. #, etc:

22 City & State:

23 Zip Country:

24

2a. Mailing Address:

26 Suite, Apt. #, etc:

27 City & State:

28 Zip Country:

29 30

9. Name and Address of Current Registered Agent

GRACE, JOHN S.
1940 S OCEAN BLVD
MANALAPAN FL 33462

81 Name:

82 Street Address (P.O. Box Number is Not Acceptable):

83

84 City:

FL 85 Zip Code:

11. Pursuant to the provisions of Sections 607.0502 and 607.0503, 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, Sections 607.0505, Florida Statutes.

SIGNATURE

Signature of person providing information for this report (if not the registered agent, then the registered agent's signature)

Signature of registered agent (if not the person providing information for this report, then the person providing information for this report)

Signature

12.

OFFICERS AND DIRECTORS

TITLE [] DIRECTOR

NAME
D GRACE, JOHN S.
STREET ADDRESS
1940 S OCEAN BLVD
CITY- ST- ZIP
MANALAPAN FL

TITLE [] DIRECTOR

NAME
VP CLAPS, PATRICIA
STREET ADDRESS
1940 S OCEAN BLVD
CITY- ST- ZIP
MANALAPAN FL

TITLE [] DIRECTOR

NAME
C GRACE, JOHN S.
STREET ADDRESS
1940 S OCEAN BLVD
CITY- ST- ZIP
MANALAPAN FL

TITLE [] DIRECTOR

NAME
S MARTIN, ANNETTE
STREET ADDRESS
1940 S. OCEAN BLVD.
CITY- ST- ZIP
MANALAPAN FL

TITLE [] DIRECTOR

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE [] DIRECTOR

NAME

STREET ADDRESS

CITY- ST- ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY- ST- ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY- ST- ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY- ST- ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY- ST- ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY- ST- ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY- ST- ZIP

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-01/08/98-01075-004
****150.00 ****150.00

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14. I hereby certify that the information supplied in this filing does not qualify for the exemption stated in Section 419.07(3)(b), 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. 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]

[Signature]

FILED

98 JAN -5 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/20/1989

4. FID Number

22-3035226

Applied For
Not Applied For

5. Certificate of Status Desired []

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution []

\$5.00 May Be
Added to Fees

8. This corporation owns or has paid the current year Intangible
Personal Property Tax due June 30 [] Yes [] No

10. Name and Address of New Registered Agent

CR25034 7/10/97