Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90068 003 \*\*\*150.00

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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000047110

STERLIN	IG REAL ESTATE, INC.						()) <b>0(0</b> )) ( <b>000</b> ) ( <b>100</b> )	41 <b>6</b> 11 <b>33</b> 11 1 <b>86</b> 1
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Principal Place	e of Business	Mailing Address		,		I I BOLLESIA ALIO IDIDO LITEL DEELI DOLLI DOLLI DO	111 <b>61611 16861 116</b> 21	II MA I WAR AND A STATE
547 EASTWOOD DR         547 EASTWOOD DR           NAPLES FL 34110         NAPLES FL 34110           US         US						DO NOT WRITE IN THIS SPACE		
30		•••				3. Date Incorporated or Qualifed		
						07/06/1993		
Principal Place of Business     2a. Mailing Address						4. FEI Number		plied For
21 26						65-0435342		t Applicable
Suite, Apt.		Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 A Fee Re	I
City & State	е	City & State	City & State			6. Election Campaign Financing	\$5.00	
23		Zip Country				Trust Fund Contribution	Added t	to Fees
Zip	Country	Žip		ntry		8. This corporation owes the current year	Intangible  Yes	□No
24	9. Name and Address of Curre	nt Basistered Agent	30	T		Personal Property Tax.  10. Name and Address of New Registers		
	9. Name and Address of Curre	nit Registered Agent	<del></del>	81	Name	10. Name and Products of Now Register		
ZYSKO, EDWARD A JR				82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
547 EASTWOOD DR NAPLES FL 34110				83				
14741	EEO 1 E 04110			03				
				84	City		85 Zip (	Code
44 Bucarant	to the provisions of Sections 607.05	02 and 607 1508 Florida Stati	utes the a	bove	e-named com	poration submits this statement for the nurnose	of changing its	registered
office or r	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was	authorized	I DV	the corporation	on's board of directors. I hereby accept the api	ointment as re	gistered
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable (NO)	TF: Registered	Agen	nt signature require	d when reinstating) DATE		<del></del>
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	Р	☐ DELETE	1.1 TI	TLE			Change	☐ Addition
NAME	ZYSKO, EDWARD A JR		1.2 N/	WE				-
STREET ADDRESS			1.3 ST	REET	TADORESS			
CITY-ST-ZIP			1 <u>.4</u> CI	TY-ST	T-ZIP			
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NAME	ZYSKO, DOROTHEA P	SKO, DOROTHEA P 22N		AME	}			ì
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STREET ADDRESS			5.4 CI		1			
CITY-ST-ZIP TITLE		☐ DELETE	6.1 Ti				☐ Change	Addition )
NAME	120 Vet	_ 5-5-1-	6.2 N				_ •	
145	10 10 10 10 10 10 10 10 10 10 10 10 10 1				ADDRESS			ļ
STREET ADDRESS	F	-		<b></b> -				- 1

14. 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 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP