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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P94000036259 (7) DOCUMENT #
1. Corporation Name

STERLING II FLORIDA, INC.

Principal Place of Business

Mailing Address

FILED Apr 22 1996 8:00 am Secretary of State



| 303 ROYAL POINCIANA PLAZA PALM BEACH FL 33480 | | | 303 ROYAL POINCIANA PLAZA PALM BEACH FL 33480 | | | |
|--|--|---------------------------|--|---|--|--|
| | | , | | | 3. Date Incorporated or Qualified 05/11/1994 | 3a. Date of Last Report 02/20/1995 |
| , ' | ace of Business | 2a. Mailing Addres | S | | 4. FEI Number | Applied For |
| 21 | | 26 | | | 65-0490911 | Not Applicable |
| Suite, Apt. | | Suite, Apt. #, e | tc. | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & State | | City & State | | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Zip 24 | Country 25 | Zip 29 | 30 Cour | try | 8. This corporation has liability for i | |
| | 9. Name and Address of Curr | rent Registered Agent | | | 10. Name and Address of New R | egistered Agent |
| | | | ľ | Name | | |
| KOSOY, DAVID 303 ROYAL POINCIANA PLAZA PALM BEACH FL 33480 | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | | 33 | | |
| | | | | 34 City | | FL 85 Zip Code |
| or register | to the provisions of Sections 607.05 red agent, or both, in the State of Flo th, and accept the obligations of, Se | orida. Such change was au | thorized by the co | e-named corpo orporation's boa | oration submits this statement for the pur and of directors. I hereby accept the appo | pose of changing its registered office pintment as registered agent. I am |
| SIGNATURE . | | | | | | |
| 10 | Signature, typed or printed name of registered ag | | | gent signature requir | ed when rainstating) ADDITIONS/CHANGES TO OFFI | DATE |
| 12. | | AND DIRECTORS | 13. | · 1 | ADDITIONS/CHANGES TO OFF | CERS AND DIRECTORS IN 12 |
| NAME | D COOON DAVED | | | | | Change [] Addition |
| | KOSOY, DAVID | 1.474 | 1.2 NAI | ì | | |
| STREET ADDRESS | | | | EET ADORESS | | |
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| NAME | BEAULIEU, DENIS | | 3.1 M | | | Change Addition |
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| NAME | | | 6.2 NA | nt | | |
| | | | | ı | | |
| STREET ADDRESS CITY-ST-ZIP | | | | EET ADDRESS (-ST-ZIP | | |

certify 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. In further early and accurate and that my signature shall have the same legal effect as if made under early and 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:

OF SIGNING OFFICER OR DIRECTOR