

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

FILED
May 11, 1999 8:00 am
Secretary of State

05-11-1999 90023 045 ***158.75

DOCUMENT # P94000036259

1. Corporation Name

STERLING II FLORIDA, INC.



Principal Place of Business

209 PHIPPS PLAZA
PALM BEACH FL 33480
US

Mailing Address

209 PHIPPS PLAZA
PALM BEACH FL 33480
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/11/1994

4. FEI Number

65-0490911

Applied For

Not Applicable

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 owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

KOSOY, DAVID
209 PHIPPS PLAZA
PALM BEACH FL 33480

10. Name and Address of New Registered Agent

81 Name

Brian D. Kosoy

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

209 PHIPPS PLAZA

83

84 City

Palm Beach

FL

85 Zip Code

33480

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]
Signature, typed or printed name of registered agent and title if applicable.

Brian D. Kosoy
(NOTE: Registered Agent signature required when reinstating)

4-26-99
DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☒ DELETE

NAME KOSOY, DAVID
STREET ADDRESS 209 PHIPPS PLAZA
CITY-ST-ZIP PALM BEACH FL 33480

TITLE DV ☐ DELETE

NAME STILLER, DUANE
STREET ADDRESS 209 PHIPPS PLAZA
CITY-ST-ZIP PALM BEACH FL 33480

TITLE DVS ☐ DELETE

NAME BEAULIEU, DENIS
STREET ADDRESS 209 PHIPPS PLAZA
CITY-ST-ZIP PALM BEACH FL 33480

TITLE DT ☐ DELETE

NAME MARCHESSAULT, GERI
STREET ADDRESS 209 PHIPPS PLAZA
CITY-ST-ZIP PALM BEACH FL 33480

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME B.P. Brian D. Kosoy
1.3 STREET ADDRESS 209 PHIPPS PLAZA
1.4 CITY-ST-ZIP PALM BEACH, FL 33480

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-26-99 561-835-1810

CR2E034 (11/98)

0356867