

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

FILED

Mar 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P94000061122 (5)**

1. Corporation Name
STERLING REAL PROPERTY MELBOURNE, INC.



Principal Place of Business 6855 SOUTH RED ROAD 400 CORAL GABLES FL 33143 US	Mailing Address 6855 SOUTH RED ROAD 400 CORAL GABLES FL 33143-3632 US
--	---

3. Date Incorporated or Qualified 08/19/1994	3a. Date of Last Report 04/05/1996
--	--

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 65-0517101 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
---	--	---	---	---	--

9. Name and Address of Current Registered Agent

**PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			FL	

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 of registered agent or principal officer and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE P/D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME DRESNICK, STEPHEN J. M		1.2 NAME	
STREET ADDRESS 6855 SOUTH RED ROAD, SUITE 400		1.3 STREET ADDRESS →	
CITY- ST- ZIP CORAL GABLES FL		1.4 CITY- ST- ZIP	
TITLE VP	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GREENMAN, JACK S CPA		2.2 NAME	
STREET ADDRESS 6855 SOUTH RED ROAD SUITE 400		2.3 STREET ADDRESS	
CITY- ST- ZIP CORAL GABLES FL		2.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE VP/IT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME STEVEN LASH	
STREET ADDRESS		3.3 STREET ADDRESS 3636 NOBEL DR., STE 200	
CITY- ST- ZIP		3.4 CITY- ST- ZIP SAN DIEGO, CA 92122	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE VP/AT/AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME CHERYL MOORE	
STREET ADDRESS		4.3 STREET ADDRESS 3636 NOBEL DR., STE 200	
CITY- ST- ZIP		4.4 CITY- ST- ZIP SAN DIEGO, CA 92122	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE VP/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME JAMES LEBOVITZ	
STREET ADDRESS		5.3 STREET ADDRESS 3636 NOBEL DR., STE 200	
CITY- ST- ZIP		5.4 CITY- ST- ZIP SAN DIEGO, CA 92122	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME NANCY K. WATKIN	
STREET ADDRESS		6.3 STREET ADDRESS 6855 S. RED RD, STE 400	
CITY- ST- ZIP		6.4 CITY- ST- ZIP CORAL GABLES, FL 33143	

14. I do 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.

SIGNATURE:

Stephen J. Dresnick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/97 **305/665-1911**
Date Daytime Phone #

0199356

CR2E034 (9/96)