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

PROFIT CORPORATION ANNUAL REPORT 1998 DOCUMENT # Principal Place of Business

Secretary of State DIVISION OF CORPORATIONS

FILED May 08 1998 8:00am FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

P94000081807 (7) STERLING RECORDS MANAGEMENT, INC. Mailing Address 7616 NW 6TH AVE. 7616 NW 6TH AVE. **BOCA RATON FL 33487 BOCA RATON FL 33487** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/08/1994 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 21 26 65-0486939 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing \Box 23 28 Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible 29 Yes Yes 24 25 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 THE PRENTICE-HALL CORPORATION SYSTEM INC 1201 HAYS STREET SUITE 105 82 Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301 83 84 City Zip Code 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, typed or profed name of registere-f agent and life if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CR2E034 (10/97 12. OFFICERS AND DIRECTORS 13. ☐ Change ☐ Addition TITLE DELETE 1.1 TITLE NAME ROSEN, EUGENE H 1.2 NAME 128 LITCHFIELD ROAD STREET ADDRESS 1.3 STREET ADDRESS **NEW MILFORD CT 06776** CITY-ST-ZIP 1.4 CITY - ST-ZIP DELETE Change Addition TITLE 21 TITLE NAME MCGEE, MICHAEL S 2.2 NAME 128 LITCHFIELD ROAD 23 STREET ADDRESS **NEW MILFORD CT 06776** CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 Tetle WEINSTEIN, BRUCE NAME 32 NAME 128 LITCHFIELD ROAD STREET ADDRESS 3.3 STREET ADDRESS **NEW MILFORD CT 08776** CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE EVEN, SARAH NAME 4. 2 NAMI STREET ADDRESS 7616 NW 6TH AVE. 4.3 STREET ADDRESS **BOCA RATON FL 33487** 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition 5.1 THLE Change NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 6 1 TITLE TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS

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 suppliemental 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 recover 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:

561) 998 5781