FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 9:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000086785 (0)**

1. Corporate Name

STERLING & STONE ASSET MANAGEMENT, INC.

Principal Place of Business

1800 SECOND ST.
SUITE 730
SARASOTA FL 34236

Mailing Address

1800 SECOND ST.
SUITE 730
SARASOTA FL 34236

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/30/1994

3a. Date of Last Report:

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. # etc. — 22

Suite, Apt. # etc. — 27

City & State — 23

City & State — 28

Zip — 24 Country — 25

Zip — 29 Country — 30

4. FEI Number: 65-0542873 — 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MCNALLY, JOHN L
1800 2ND ST.
SUITE 730
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81 Name

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

83

84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0505 or 607.1608, 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 I accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TYPE	DPT S
NAME	MCNALLY, JOHN L
STREET ADDRESS	1800 2ND ST., SUITE 730
CITY, ST, ZIP	SARASOTA FL 34236
TYPE	DVS
NAME	~~BITLER, CARL G~~
STREET ADDRESS	~~1800 2ND ST., SUITE 730~~
CITY, ST, ZIP	~~SARASOTA FL 34236~~
TYPE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TYPE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TYPE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TYPE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 1994

☐ Change ☐ Addition
TYPE
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ Change ☐ Addition
TYPE
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ Change ☐ Addition
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☐ Change ☐ Addition
TYPE
NAME
STREET ADDRESS
CITY, ST, ZIP

14. I hereby certify that the information supplied with this report, voluntarily furnished and does not qualify for the exemption contained in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on the 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 a receiver or trustee empowered to execute the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of the report or is added to the report with an address.

SIGNATURE: X

SIGNATURE AND/OR PRINTED NAME OF REPORTING OFFICER OR DIRECTOR — Title — Date

0341030 CP