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Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90129 042 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000087701

1. Corporation Name
STERLING-SHARPE, INC.

Principal Place of Business

110 S HOOVER BLVD
SUITE 100
TAMPA FL 33609

Mailing Address

110 S HOOVER BLVD
SUITE 100
TAMPA FL 33609

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/02/1994

4. FEI Number

59-3279097

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 5420 BAY CENTER DRIVE

Suite, Apt. #, etc.

22 202

City & State

23 TAMPA, FL

Zip Country

24 33609 25 USA

2a. Mailing Address

26 5420 BAY CENTER DRIVE

Suite, Apt. #, etc.

27 202

City & State

28 TAMPA, FL

Zip Country

29 33609 30 USA

9. Name and Address of Current Registered Agent

RIZZATO, BRUNO F
4918 E LONGBOAT BLVD.
SUITE 100
TAMPA FL 33615

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 607.0502 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 printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME RIZZATO, BRUNO F.
STREET ADDRESS 110 S. HOOVER BLVD, SUITE 100
CITY-ST-ZIP TAMPA FL

TITLE MD
NAME MILLER, DANIEL J
STREET ADDRESS 110 S HOOVER BLVD. SUITE #100
CITY-ST-ZIP TAMPA FL 33609

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME RIZZATO, BRUNO F.
1.3 STREET ADDRESS 5420 BAY CENTER DR., SUITE 202
1.4 CITY-ST-ZIP TAMPA, FL 33609

2.1 TITLE MD
2.2 NAME MILLER, DANIEL J.
2.3 STREET ADDRESS 5420 BAY CENTER DR., SUITE 202
2.4 CITY-ST-ZIP TAMPA, FL 33609

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-21-99 813-289-2890

CR2E034 (11/98)