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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000092450 (3)

STERLING FACTORS, INC.

STREET ADJURESS

SIGNATURE:

14. Foo hereby certify that the information s information indicated on this annual reg

Lam an officer or director of the appears in Block 12 or Block 13

FILED
May 09 1997 8:00am
Secretary of State

A PORTITUO ANTO ARRORA MARIO MORNA REPORTATION ARRORA ARRORA ARRORA ARRORA ARRORA ARRORA ARRORA ARRORA ARRORA

2335-9TH ST N SUITE 303	ne of Business	Mailing Address 2335-9TH STREET N SUITE 303 NAPLES FL 34103-4457 US		3. Date Incorporated or Qualified 12/20/1994 3a. Date of Last Report 05/01/1996			
2. Princ-pal i	Place of Business	2a. Mailing Address			4. FEI Number	1 00/0 1/ 100	Applied For
21		26			65-0537622	.	Not Applicable
Suite, Apt.	. ∦, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired		75 Additional se Required
City & Star	te	City & State			Election Campaign Financing Trust Fund Contribution		.00 May Be Ided to Fees
Zip	103 Country	Zip 29	Country 30	,	8. This corporation has liability for in Florida Statutes	ntangible tax und Yes	der s. 199 032,
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Re	Jistered Agent	
	sen, Russell v		61	Name			
SUIT	9 9TH ST N TE 303		82	Street Add	lress (P.O. Box Number is Not Acceptab	e)	
NAP	LES FL 33940 34103		63				
			84	City		FL 85	Zip Code
office or agent 1 a SIGNATURE	am familiar with, and accept the obliga	Itions of, Section 607.0505, F	lorida Statutes	S.	tion's board of directors. I hereby acception is board of directors. I hereby acception in the control of the c	DATE	
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC		
*III.E	DOCEN DIRECTLY		1.1 TITLE			Cha	ange L. Addition
NAME ONLY ADDRESS	ROSEN, RUSSELL V 2339 9TH ST N SUITE 303		1.2 NAME	4000000			
STREET ADDRESS	NAPLES FL 33940		1.3 STREET 1.4 City-5	1		Z/p 3	34107
THE		DELETE	2.1 TITLE			Chr	ange Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET	ADDRESS			
CITY-ST-ZIP			2. 4 CITY -	ST - ZIP			
TITLE		☐ DELETE	3.1 TITLE			Cha	ange L Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET	1			
CHY-ST-ZIP TITLE		DELETE	3.4. CITY - 1 4.1 TITLE	ST-ZIP		Cha	ange Addition
NAME			4, 2 NAME				
STREET ADDRESS				ADDRESS			
CITY+ST-7IP			4.4 CITY - S	1			
THE			51 TITLE			Cha	ange 🔲 Addition
NAME			5.2 NAME]			'
STREET ADDRESS			5 3 STREET	ADDRESS			
CHY-ST ZIF			5.4 CITY - S	iT-ZIP			
THEF		☐ DELETE	6.1 TITLE			☐ Cha	ange 🔲 Addition
NAME			6.2 NAME				

6.3 STREET ADDRESS 6.4 City-St-ZiP

applied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the bit or supplemental armual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that also not the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

(941) 262-4/13 Daytime Proce #