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Jan 29 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 # P95000001624 (2)

1. Corporation Name:
STERLING OAKS SALES, INC.



Principal Place of Business: 16990 N TAMiami TRAIL, NAPLES FL 33963
Mailing Address: 16990 N TAMiami TRAIL, NAPLES FL 34110-6209

3. Date Incorporated or Qualified 01/06/1995	3a. Date of Last Report 03/25/1996
4. FEI Number 65-0546049	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent CRONIN, DENNIS P 1167 THIRD STREET SOUTH SUITE 107 NAPLES FL 33940	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
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DEGROOTE, MICHAEL H	1.1 TITLE	DP Kaye, Stuart
NAME	1100 BURLOAK DRIVE, GARDEN LEVEL	1.2 NAME	16990 Tamiami Trail N.
STREET ADDRESS	BURLINGTON, ONTARIO	1.3 STREET ADDRESS	Naples, FL 33963
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	DEGROOTE, MICHAEL H	2.1 TITLE	DP Kaye, Jay
NAME	6820 SOUTH GRANDE DRIVE	2.2 NAME	16990 Tamiami Trail N.
STREET ADDRESS	BOCA RATON FL 33433	2.3 STREET ADDRESS	Naples, FL 33963
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	DEGROOTE, MICHAEL H	3.1 TITLE	
NAME	JOHANSSON, STEFAN	3.2 NAME	
STREET ADDRESS	642 6TH AVENUE NORTH	3.3 STREET ADDRESS	
CITY - ST - ZIP	NAPLES FL 33940	3.4 CITY - ST - ZIP	
TITLE	DEGROOTE, MICHAEL H	4.1 TITLE	
NAME	SEXTON, DAVID N	4.2 NAME	
STREET ADDRESS	1167 THIRD STREET SOUTH	4.3 STREET ADDRESS	
CITY - ST - ZIP	NAPLES FL 33963	4.4 CITY - ST - ZIP	
TITLE	DEGROOTE, MICHAEL H	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	DEGROOTE, MICHAEL H	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 I am added on an attachment with an address.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/97

Daytime Phone #

DA14784

CR2E034 (9/96)