

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Jun 23 1998 8:00am
Secretary of State

DOCUMENT # P95000001624

1. Corporation Name
STERLING OAKS SALES, INC.

Principal Place of Business Mailing Address
16990 Tamiami Trail N. 16990 Tamiami Trail N.
Naples, FL 34110 Naples, FL 34110

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 State, Apt. # etc. 26 State, Apt. # etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country
24

3. Date Incorporated or Qualified
01/06/1995
4. FEI Number 65-0546049 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 or has paid the current year Intangible Personal Property Tax due June 30 ☒ Yes ☐ No
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

Stuart O. Kaye
16990 Tamiami Trail N.
Naples, FL 34110

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 607.0402 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 implications of Section 607.0505, Florida Statutes.

SIGNATURE

Signature must be printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required with re-registration)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	Stuart O. Kaye	12 NAME	
STREET ADDRESS	16990 Tamiami Trail N.	13 STREET ADDRESS	
CITY-ST-ZIP	Naples, FL 34110	14 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	DY	21 TITLE	
NAME	Jay Kaye	22 NAME	
STREET ADDRESS	16990 Tamiami Trail N.	23 STREET ADDRESS	
CITY-ST-ZIP	Naples, FL 34110	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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***750.00

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.

Signature