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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000029514 (3)

STERLING PACKAGE LOUNGE AND SPORTS BAR, INCORPOR ATED

FILED Feb 10 1998 8:00am Secretary of State



Principal Place of Business		Mailing Address					
1944 COMBEE ROAD			1944 COMBEE ROAD				
LAKELAND FL 33801		LAKELAND FL 338	LAKELAND FL 33801		DO MOT MEDITE IN TAILO	20105	
					DO NOT WRITE IN THIS S	SPACE	
					3. Date Incorporated or Qualified		
					04/14/1995		
·, ·	ace of Business	2a. Mailing Addres	s		4. FEI Number		pplied For
21		26			59-3308927	·	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, et	tc.		5. Certificate of Status Desired		Additional
22		27				Fee R	equired
City & State		City & State	City & State		6. Election Campaign Financing		May Be
23		28	· • · · · · · · · · · · · · · · · · · ·		Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Cour	ntry	This corporation owes or has paid the cur	_ ` -	
24	25	29	30		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		_l No
	9, Name and Address of Curi	rent Registered Agent			10. Name and Address of New Registered	Agent	
TAI	NNER, JAMES R ESQ			81 Name			
743 SOUTH COMBEE ROAD				82 Street Ac	ddress (P.O. Box Number is Not Acceptable)		
LAKELAND FL 33801				OLIGOT AL	duless (i.e. box number is not neceptable)		[
			ŀ	63			
			L				
				64 City	FL	85 Zip	Code
44 Purguent	to the provisions of Sections 607/	1602 and 607 1508 Florida	Statutes the sh	ove named co	orporation submits this statement for the purpose of	chenging	its registered
office or r	egistered agent, or both, in the Sta	ate of Florida. Such change	was authorized	by the corpo	oration's board of directors. I hereby accept the app	ointment as	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 agrex and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Output DATE							
12,		AND DIRECTORS	INCITE: Hegistered	Agent signature re-	ADDITIONS/CHANGES TO OFFICERS AND	DIDECTO	DC IN 12
	D OF TOURS A	DELE		. 1	ADDITIONS/CHANGES TO OFFICERS AND	Change	Addition
TITLE	STOVER, MAJOR C			··· 1			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
NAME	1944 COMBEE ROAD		1.2 NA				
STREET ADDRESS				EET ADDRESS			
CITY-ST-ZIP	LAKELAND FL 33801			Y-ST-ZIP		[] 0	14499
TITLE	VT	☐ DELE				Change	Addition
name	STOVER, SUSAN A		2.2 NA	ME			
STREET ADDRESS	1944 COMBEE ROAD		2.3 \$TI	REET ADDRESS			l
CITY-ST-ZIP	LAKELAND FL 33801		2. 4 CI	TY-\$T-ZIP			
TITLE		☐ DELE	TE 3.1 TIT	LE		Change	Addition
NAME			3.2 NA	ME			
STREET ADDRESS			3.3 STI	REET ADDRESS]
CITY-ST-ZIP			3.4. CI	IY-ST-ZIP]
TITLE		DELE				Change	Addition
NAME			4. 2 N/	ME			
STREET ADDRESS				REET ADORESS			
CITY-ST-ZIP				Y-ST-ZIP			
TITLE		DELE				Change	Addition
NAME			5.2 NA				
				REET ADDRESS			ļ
STREET ADDRESS							1
CITY-ST-ZIP		DELE		Y-ST-ZIP		Change	Addition
TITLE						- OHERE	
NAME			6.2 NA				1
STREET ADDRESS				REET ADDRESS			
CITY-ST-ZIP			6.4 CIT	Y-ST-ZIP			

4. Thereby 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 arrivual 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 onepowered 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 plachment with an address

CIONATURE.

2-3-98

941-666:3577