03-11-1999 90047 032 \*\*\*150.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## 1999

## DOCUMENT # P95000072464

1. Corporation Name

STERLING PRODUCTS CO., INC.

Principal Place of Business Mailing Address						) 10010 HBH 010 <del>10</del> 1	OLELL BEBE 1881
6499 BRANDON STREET		6499 BRANDON STREET					
PALM BEACH GARDENS FL 33418 PALM BEACH GARDENS FL 3			33418		DO NOT WITTE IN THE	0.00405	
					DO NOT WRITE IN THIS SPACE		
					3. Date incorporated or Qualifed		ľ
		T 4-9: A 4 4			09/19/1995 4. FEI Number		olied For
2. Principal Place of Business 2a. Mailing Address							Applicable
26     Suite Apt. # etc.   Suite, Apt. #, etc.					65-0614344	\$8.75 A	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27 -					5. Certificate of Status Desired	Fee Rec	
City & State	9	City & State			6. Election Campaign Financing	\$5.00	, ,
23		28			Trust Fund Contribution	Added to	Fees
Zip			Country		8. This corporation owes the current year Intangible		
24	25 29 30		o <u> </u>		Personal Property Tax.		□No
Name and Address of Current Registered Agent				N	10. Name and Address of New Registered	J Agent	
SCHLOSSBERG, BERNARD				Name			
6499 BRANDON STREET				Street Addr	ress (P.O. Box Number is Not Acceptable)		
PALM BEACH GARDENS FL 33418							
PALM BEAUTI GARDENS PL 33410			83				1
			84	City	12 12 E	85 Zip C	ode
				्र विशेष भाग विशेष हिंदि विशेष कार्य			
11. Pursuant i	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	, the above	e-named corp	poration submits this statement for the purpose con's board of directors. I hereby accept the app	of changing its a	registered histered
agent. I ar	m familiar with, and accept the obligation	ns of, Section 607.0505, Florid	a Statutes		on a board of directors it thereby decept the app		,
SIGNATURE							
	Signature, typed or printed name of registered agent a			it signature require	d when reinstating) DATE	ND DIRECTO	DC IN 12
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	T] Change	Addition
TITLE	D COULOCOPERO PERMARRA	☐ DELETE	1.1 TITLE			Condingo	
NAME	SCHLOSSBERG, BERNARD		1.2 NAME				ļ
STREET ADDRESS	6499 BRANDON STREET	40		1 ADDRESS			Ì
CITY-ST-ZIP	PALM BEACH GARDENS FL 334		1.4 CITY-S	T-ZIP		☐ Change	Addition
TITLE	D SOUR COORERO EL ORENOE	☐ DELETE	2.1 TITLE			Onlange	
NAME			2.2 NAME				-
- STREET ADDRESS				ADDRESS			-
CITY-ST-ZIP			2. 4 CiTY-5	ST-ZIP	<u> </u>	Change	Addition
TITLE		☐ DELETE	3.1 TITLE				C) Againon
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET				
CITY-ST-ZIP		□ 051.575	3.4. CITY-9	ST-ZIP		☐ Change	Addition
TITLE		☐ DELETE	4.1 TITLE			☐ cuands	[ ] Addition
NAME			4.2 NAME				1
STREET ADDRESS			4.3 STREET	TADDRESS			1
CITY-ST-ZIP			4.4 CITY-\$	T-ZIP			- Addition
TITLE		☐ DELETE	5.1 TITLE	-	•	☐ Change	Addition

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.

5.3 STREET ADDRESS

6 3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ DELETE

Change

Addition