

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

FILED

Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000092258 (9)**

1. Corporation Name

STERLING INVESTMENT COMPANY

Principal Place of Business

**303 ROYAL POINCIANA PLAZA
PALM BEACH FL 33480**

Mailing Address

**303 ROYAL POINCIANA PLAZA
PALM BEACH FL 33480-4019**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 209 Phipps Plaza		26 209 Phipps Plaza		11/21/1995		04/22/1996	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 City & State		28 City & State		65-0628278		Not Applicable	
24 Zip		29 Zip		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
25 Country		30 Country		6. Election Campaign Financing		<input type="checkbox"/> \$5.00 May Be Added to Fees	
26 Country		31 Country		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HOMISCO INCORPORATION, INC. 222 LAKEVIEW AVENUE SUITE 800 WEST PALM BEACH FL 33401				81 Name David Kosoy			
				82 Street Address (P.O. Box Number is Not Acceptable) 209 Phipps Plaza			
				83			
				84 City Palm Beach FL 85 Zip Code 33480			

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

[Signature]

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input type="checkbox"/> DELETE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	D	1.1 TITLE	
NAME	KOSOY, A. DAVID	1.2 NAME	
STREET ADDRESS	303 ROYAL POINCIANA PLAZA	1.3 STREET ADDRESS	209 Phipps Plaza
CITY - ST - ZIP	PALM BEACH FL 33480	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	
NAME	DUANE STILLER	2.2 NAME	
STREET ADDRESS	303 ROYAL POINCIANA PLAZA	2.3 STREET ADDRESS	209 Phipps Plaza
CITY - ST - ZIP	PALM BEACH FL	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	
NAME	DENIS BEAULIEU	3.2 NAME	
STREET ADDRESS	303 ROYAL POINCIANA PLAZA	3.3 STREET ADDRESS	209 Phipps Plaza
CITY - ST - ZIP	PALM BEACH FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		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 changed, or on an attachment with an address.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)