SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P95000095412 (9)**

1. Corporation Name
STERLING HOMES (1), INC.

Principal Place of Business
~~18107 CLEAR LAKE DR.~~
~~LUTZ FL 33549~~

Mailing Address
~~P.O. B~~
~~18107 CLEAR LAKE DR.~~
~~LUTZ FL 33549~~

3. Date Incorporated or Qualified: 12/14/1995
3a. Date of Last Report:

2. Principal Place of Business
21 707 138th Ave. East
Suite, Apt. #, etc.
22
City & State
23 Tampa, Florida
Zip 24 33612 Country 25 U.S.

2a. Mailing Address
26 P.O. Box 340148
Suite, Apt. #, etc.
27
City & State
28 Tampa, Florida
Zip 29 33694 Country 30 U.S.

4. FEI Number: 59-3350297 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 has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
SUTTER, ANTHONY A
18107 CLEAR LAKE DR.
LUTZ FL 33549

10. Name and Address of New Registered Agent
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 607.0502 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 by the president or chairman of the board and the corporate seal. (NOTE: Registered Agent signature required above in ink.) Date

12. OFFICERS AND DIRECTORS

TITLE	~~D~~
NAME	~~SUTTER, ANTHONY A~~
STREET ADDRESS	~~18107 CLEAR LAKE DR.~~
CITY-ST-ZIP	~~LUTZ FL 33549~~
DELETE	☐
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DELETE	☐
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
DELETE	☐
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DELETE	☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President, VP/D
1.2 NAME	Sutter, Anthony A
1.3 STREET ADDRESS	18107 Clear Lake Dr.,
1.4 CITY-ST-ZIP	Lutz, FL 33549
Change	☑ Addition ☐
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
Change	☐ Addition ☐
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
Change	☐ Addition ☐
4.1 TITLE	700001891727
4.2 NAME	-07/12/96--01012--003
4.3 STREET ADDRESS	***225.00
4.4 CITY-ST-ZIP	
Change	☐ Addition ☐
5.1 TITLE	7-11-96
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
Change	☐ Addition ☐
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	
Change	☐ Addition ☐

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(x), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Anthony A. Sutter Pres 6/14/96 (813) 978-3501
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Phone #