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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## 1997 DOCUMENT # P96000010865 (9)

STERLING PALMS, INC.

Principal Place 223 WILMINGT CHADDS FOR	TON WEST CHESTER PIKE	Mailing Address P.O. BOX 467 CONCORDVILLE PA 1	19331-0467	10000				
					3. Date Incorporated or Qualified 02/05/1996	3a. Date of Last Repo	ırt	
2. Principal Pl	lace of Business	2a, Mailing Address			4. FEI Number	Applie	ed For	
21 26		26			23-2835875	Not Ar	pplicable	
Suite Apt. #, etc 22 2		Suite, Apt. #, etc.	27		5. Certificate of Status Desired	\$8.75 Addi		
City & State		City & State	ļγ ·		6. Election Campaign Financing	\$5.00 Ma		
23		28			Trust Fund Contribution Added to Fees			
Zip	Country Zip		Country	У	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes 17 No			
24 25 29 29 3			30	Florida Statutes Yes M No  10. Name and Address of New Registered Agent				
RAI	LLETTA, JAMES	Total Togistorou Higoria	81	Name	10. Italio did recioos di iver itogio	torou Agoni		
215 NORTH EOLA DRIVE								
ORLANDO FL 32801			82	Street Ac	t Address (P.O. Box Number is Not Acceptable)			
				1				
				City		- 85 Zip Cod		
			84	City	•	FL 85 Zip Cod	ie	
I office or n	to the provisions of Sections 607 0 ogistered agent, or both, in the St m familiar with, and accept the ob	ate of Florida. Such channe w	rae authorizad h	v the corpo	orporation submits this statement for the pure ration's board of directors. I hereby accept the ration's board of directors.	ose of changing its re re appointment as reg	igistered jistered	
SIGNATURE	Constant of the second of the second of	and the developing	(NOTE: Desiglated As	and elementary se	entrad when reportation)	DATE		
12.	Signature, typed or periled name of registered agent and that if applicable (NOTE OFFICERS AND DIRECTORS			registered Agent signature required when reinstating)  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			N 12	
TITLE	D	D ELETE 1.1			DP		Addition	
NAME	SPANO, THOMAS V		1.2 NAME	1.2 NAME SPANO, CHRISTOPHER T.				
STREET ADDRESS 223 WILMINGTON WEST CHESTER PIKE			1.3 STREE	T ADDRESS	223 WILMINGTON WEST CHESTER PIKE			
CITY-ST-ZIP	CHADDS FORD PA 19317		1.4 CITY-	ST-ZIP	CHADDS FORD, PA 19317		_ ]	
1016	DELETE 2.		2.1 TITLE		V	Change	Addition	
NAME	. 2		2.2 NAME		BALLETTA, JAMES			
STREET ADDRESS			2.3 STREE	T ADDRESS	215 NORTH EOLA DRIVE			
CHY-ST-7IP			2. 4 CITY		ORLANDO, FL 32801			
TITLE			3 1 TITLE		ST	Change	■ Addition	
NAME			32 NAME		MARRA, NANCY F.		Į.	
STREET ADDRESS					223 WILMINGTON WEST CHE	STER PIKE		
CITY-S1-712		LIPCIETC	3.4. CITY-	ST-ZIP	CHADDS FORD, PA 19317	[] Channa	Addition	
TULE			4.1 TITLE			Change	Addition	
NAME			4. 2 NAME					
STREET ADDRESS				T ADDRESS			ŀ	
COTY-ST ZIF	A	DELETE	4.4 CITY-	ST-ZIP		Change	Addition	
TITLE			5.1 TITLE			Change L	- Annulion	
NAME			5.2 NAME	- 1				
STREET ADDRESS				T ADDRESS			ļ	
COTY - \$1 - ZIP			5.4 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.

6.3 STREET ADDRESS

6.1 TITLE 6.2 NAME

DELETE

SIGNATURE:

THRE

NAME

STREET ADDRESS

NANCY F. MARRA 3-10-97 610-558-150

Pole Date Date Date 0000129

Change

\_\_\_ Addition

**FILED** 

Apr 04 1997 8:00am

Secretary of State