

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

0008208

**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P96000010865**

1. Corporation Name  
**STERLING PALMS, INC.**

Principal Place of Business  
**223 WILMINGTON WEST CHESTER PIKE  
 CHADDS FORD PA 19317**

Mailing Address  
~~P.O. BOX 467  
 CONCOBBVILLE PA 19331~~

2. Principal Place of Business  
**21 223 Wilmington West**

2a. Mailing Address  
**26 215 North Eola Drive**

**22 Chester Pike**

**27 Orlando, FL**

**23 Chadds Ford, PA**

**28 32801 USA**

**24 19317 25 USA**

**29 32801 30 USA**

9. Name and Address of Current Registered Agent

**BALLETTA, JAMES  
 215 NORTH EOLA DRIVE  
 ORLANDO FL 32801**

**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, typed or printed name of registered agent, as applicable

(NOTE: Registered Agent's name must be printed when filing online)

Date

12. OFFICERS AND DIRECTORS

|                |                                  |            |
|----------------|----------------------------------|------------|
| TITLE          | DP                               | [ ] DELETE |
| NAME           | SPANO, CHRISTOPHER T             |            |
| STREET ADDRESS | 223 WILMINGTON WEST CHESTER PIKE |            |
| CITY-ST-ZIP    | CHADDS FORD PA                   |            |
| TITLE          | V                                | [ ] DELETE |
| NAME           | BALLETTA, JAMES                  |            |
| STREET ADDRESS | 215 N EOLA DR                    |            |
| CITY-ST-ZIP    | ORLANDO FL                       |            |
| TITLE          | ST                               | [X] DELETE |
| NAME           | MARRA, NANCY F                   |            |
| STREET ADDRESS | 223 WILMINGTON WEST CHESTER PIKE |            |
| CITY-ST-ZIP    | CHADDS FORD PA                   |            |
| TITLE          |                                  | [ ] DELETE |
| NAME           |                                  |            |
| STREET ADDRESS |                                  |            |
| CITY-ST-ZIP    |                                  |            |
| TITLE          |                                  | [ ] DELETE |
| NAME           |                                  |            |
| STREET ADDRESS |                                  |            |
| CITY-ST-ZIP    |                                  |            |

|   |
|---|
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| 11 TITLE [ ] Change [ ] Addition                      |
| 12 NAME   |
| 13 STREET ADDRESS                                     |
| 14 CITY-ST-ZIP  |
| 21 TITLE [ ] Change [ ] Addition                      |
| 22 NAME   |
| 23 STREET ADDRESS                                     |
| 24 CITY-ST-ZIP  |
| 31 TITLE [ ] Change [ ] Addition                      |
| 32 NAME   |
| 33 STREET ADDRESS                                     |
| 34 CITY-ST-ZIP  |
| 41 TITLE [ ] Change [ ] Addition                      |
| 42 NAME   |
| 43 STREET ADDRESS                                     |
| 44 CITY-ST-ZIP  |
| 51 TITLE [ ] Change [ ] Addition                      |
| 52 NAME   |
| 53 STREET ADDRESS                                     |
| 54 CITY-ST-ZIP  |
| 61 TITLE [ ] Change [ ] Addition                      |
| 62 NAME   |
| 63 STREET ADDRESS                                     |
| 64 CITY-ST-ZIP  |

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

400002858754--6  
 -05/18/99--01010--023  
 \*\*\*\*150.00 \*\*\*\*150.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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

SIGNATURE:

*[Handwritten Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99

Daytime Phone #

CR2E034 (11/98)

FILED  
 APR 29 11:10  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

- 3. Date Incorporated or Qualified  
**02/05/1996**
- 4. FEI Number  
**23-2835875** 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 owes the current year Intangible Personal Property Tax [ ] Yes [ ] No
- 10. Name and Address of New Registered Agent