## 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

Principal Place of Business

DOCUMENT # P96000039790 (6)

Mailing Address

STIRLING ROAD ASSOCIATES, INC.

DAVIE FL 33314		DAVIE FL 33314-3634			ů.			
					3. Date Incorporated or Qualified 05/06/1996	3a. Date of Last F	Report	
2. Principal I	Place of Business	2a. Mailing Address		4. FEI Number	A	ppli <b>ed For</b>		
21		26		65-0672700	N	ot Applicable		
Suite, Apt #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		Additional equired		
City & Sta	de	City & State			Election Campaign Financing Trust Fund Contribution		May Be to Fees	
<i>Ζ</i> ιρ	Country 25	Zip 29	Count	y	8. This corporation has liability for Florida Statutes			
	9. Name and Address of Curre		11	***************************************	10. Name and Address of New Re			
τO	MECEK, RONALD L		8	Name		<del></del>		
6001 SW 45TH STREET			8	Street Ac	dress (P.O. Box Number is Not Acceptab	ot Acceptable)		
DA	VIE FL 33314		8:	<u> </u>				
į.			8-	City		<b>Fi 65</b> Zip	Code	
44 5	10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	00 007 *500 fie-id- 044			orporation submits this statement for the p			
office or agent. I	registered agent, or both, in the Stati am familiar with, and accept the obliq	of Florida Such change was gations of Section 607.0505, F	authorized l lorida Statut	y the corpo	ration's board of directors. I hereby accep	ot the appointment as	registered	
SIGNATURE	Storiature, typed or pricted name of registered ap-	ont and title 1 applicable. (NO	TE: Registered A	ent signature rec	quired when reinstating)	DATE		
12.		OFFICERS AND DIRECTORS			ADDITIONS/CHANGES TO OFFIC			
TITLE	PD	☐ DELETE	1.1 TITLE	1		Change	Addition	
NAME	TOMECECK, RONALD L		1.2 NAME					
STREET ADDRESS			1,3 STRE	T ADDRESS				
CITY-ST-ZIP	DAVIE FL 33314		1.4 CITY	ST-ZIP				
TITLE	VD	☐ DELETE	2.1 TITLE	1		Change	Addition	
NAME	GOLDSTEIN, PAUL E		2.2 NAMI					
STREET ADORESS			2.3 STRE	T ADDRESS	ਡਾ.	100		
CITY-ST-ZIP	DAVIE FL 33314		2. 4 CITY	· ST · ZIP				
TITLE	STD	☐ DELETE	3.1 TITLE			☐ Change	☐ Addition	
NAME	HIRSCH, ROBERT H		3.2 NAM					
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP	DAVIE FL 33314	☐ DELETE	3.4. City	ST-ZIP		[7] 01	Radut	
TITLE	•	☐ pereje	4.1 TITLE	_		☐ Change	☐ Addition	
NAM8	}		4. 2 NAM	- 1				
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP		Derre	4.4 CITY	ST-ZIP	***************************************	[ Ob	14439	
TITLE		DELETE	5.1 TITLE	]		Change	Addition	
NAME.			5.2 NAMI		1			
STREET ADORESS				T ADDRESS				
CITY-ST-ZIP		There	5.4 CITY	ST-ZIP		T T AL	1 1 2 4 6 4 5	
TITLE		☐ DELETE	6.1 TITLE			Change	Addition Addition	
NAME	1		6.2 NAMI					

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14. I do horeby 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 3 if changed, or on an attachment with an address.

**FILED** 

Feb 17 1997 8:00am

Secretary of State