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May 05 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000052182 (8)

1. Corporation Name
STERLING V FLORIDA, INC.



Principal Place of Business: 209 PHIPPS PLAZA, PALM BEACH FL 33480
Mailing Address: 209 PHIPPS PLAZA, PALM BEACH FL 33480-4241

3. Date Incorporated or Qualified: 06/18/1996
3a. Date of Last Report
4. FEI Number: 65-0674246
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

2. Principal Place of Business (21-24)
2a. Mailing Address (26-29)
City & State (22, 27)
Zip (23, 28)
Country (24, 29)

9. Name and Address of Current Registered Agent

HOMISCO INCORPORATION INC
222 LAKEVIEW AVE STE 800
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name: David Kosoy
82 Street Address (P.O. Box Number is Not Acceptable): 209 Phipps Plaza
83 City: Palm Beach
84 State: 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]

Signature of the printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	KOSOY, A D	
STREET ADDRESS	209 PHIPPS PLAZA	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Duane Stiller	
2.3 STREET ADDRESS	209 Phipps Plaza	
2.4 CITY-ST-ZIP	Palm Beach FL 33480	
3.1 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Denis Beaulieu	
3.3 STREET ADDRESS	209 Phipps Plaza	
3.4 CITY-ST-ZIP	Palm Beach FL 33480	
4.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Marc Zimmerman	
4.3 STREET ADDRESS	209 Phipps Plaza	
4.4 CITY-ST-ZIP	Palm Beach FL 33480	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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]*

CR2E034 (9/96)