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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Feb 04 1997 8:00am

Secretary of State

954 565-1650

ANDANDA 1980 1989 80100 80101 80101 80184 80894 80980 80108 1998 1 8184 81880 8101 1001

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000053545 (5)

STIRLING SERVICE, INC.

SIGNATURE:

Principal Place of Business Mailing Address								
							4 10041001 110 10114 WHILE ARTH GOLD GOLD GAIGE BINGS BINGS BIND ACCES AND 1004	
				9180 SADDLE CREEK DR. BOCA RATON FL 33498-1891				
								3. Date Incorporated or Qualified 3a. Date of Last Report 06/24/1996
2. Principal Place of Business				2a. Mailing Address				4, FEI Number Applied For Not Applicable
21				26 Suite And House				
Suite, Apt. #, etc. 22				Suite, Apt. #, etc.				5. Certificate of Status Desired Security Securi
City & State				City & State				6. Election Campaign Financing\$5.00 May Be
23 Zip		Country	28	Zip	T Co	200	***************************************	Trust Fund Contribution
24			├	Country 30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ✓ Yes ☐ No		
<u> </u>	9, Name	and Address of Cur		ered Agent	1301			10. Name and Address of New Registered Agent
HOU	ILE, DAVID					81	Name	
		CREEK DR.			-	82	Stroot A	ddress (P.O. Box Number is Not Acceptable)
BOCA RATON FL 33496				OZ SUBBLAC			SHEELA	duless (1.0. box Humber is Not Acceptable)
						83		
					.	84	City	FL 85 Zip Code
11. Pursuant t	o the provis	ions of Sections 607.	0502 and 60	7.1508, Florida State	ules, the ab	ove	named c	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
agent Lar	nı familiar w	th, and accept the ot	oligations of,	Section 607.0505, F	Florida Stati	ites	, me corpe	practions board or directors. Thereby accept the appointment as registered
SIGNATURE								
	Signature, typod	or printed name of registere;	· · · · · · · · · · · · · · · · · · ·			Age	nt signature n	equired when reinstating) DATE
12. TITLE	PTD	OFFICERS	AND DIREC	DELETE	13.	, E	• 1	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME		, DAVID H		La Deterio	1.2 NA			CORRECT NAME OF Change Addition OFFICER IS DAVID HOULE,
STREET ADDRESS		DOLE CREEK DR.						•
CITY-ST-ZIP		ATON FL 33496			1.4 CIT			NOT DAVID VANTINE
TITLE	SVD	11011 1 E 00100		DELETE	2.1 TIT		1 - 211	Change Addition
NAME	VANTINE	. JOHN			2.2 NA			
STREET ADDRESS		DDLE CREEK DR.			2.3 ST	REET	ADDRESS	
CITY-ST-ZIP		ATON FL 33496			2. 4 CI	TY - S	Y-ZIP	, : , , , , , , , , , , , , , , , , , ,
TELLE				☐ DELETE	3.1 TIT	LE		Change Addition
NAME					3.2 NA	ME		
STREET ADDRESS					3.3 STI	REET	ADDRESS	
CITY-ST-ZIP					3.4. CI	TY-\$	r-ZIP	
TITLE				DELETE	4.1 TIT	ιĖ		Change Addition
NAME					4. 2 NA	ME		•
STREET ADDRESS					4.3 STI	REET	ADDRESS	
CITY+ST-ZIP			- 		4.4 CIT	Y-\$1	r-ZIP	
TITLE				L_] DELETE	5.1 111	LÉ		Change Addition
NAME					5.2 NA	ME		
STREET ADDRESS					5.3 ST	REET	ADDRESS	
CITY-ST-ZIP				Decem	5.4 CIT		I - ZIP	
TITLE				☐ DELETE	6.1 TIT			☐ Change ☐ Addition
NAME					6.2 NA			
STREET ADDRESS							ADDRESS	
CITY-ST-ZIP	ov certify the	t the information supr	alied with thi	s filing does not oue	6.4 CIT			ated in Section 119 07(3)(i). Florida Statutes. I further certify that the
information	n indicated : ficer or dire	on this annual report ctor of the corporation	or suppleme n or the rece	intal annual report is	s true and a owered to e	ccu	rate and t	hat my signature shall have the same legal effect as if made under oath; that port as required by Chapter 607, Florida Statutes; and that my name