

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

FILED  
May 07 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000096889 (6)

1. Corporation Name

STERLING PARK, INC.

Principal Place of Business

4509 NW 23RD AVE. STE 16  
GAINESVILLE FL 32606

Mailing Address

4509 NW 23RD AVE. STE 16  
GAINESVILLE FL 32606

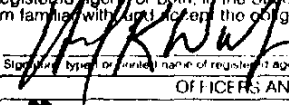
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21 4707 NW 53rd Ave Suite, Apt. #, etc.		26 4707 NW 53rd Ave Suite, Apt. #, etc.	
22 Suite A City & State		27 Suite A City & State	
23 Gainesville, FL Zip		28 Gainesville, FL Zip	
24 32606		29 32606	
25 USA		30 USA	
3. Date Incorporated or Qualified		4. FEI Number	
11/22/1996		59-3412627	
5. Certificate of Status Desired		Applied For	
<input type="checkbox"/>		Not Applicable	
6. Election Campaign Financing		Trust Fund Contribution	
<input type="checkbox"/>		<input type="checkbox"/>	
7. This corporation owes or has paid the current year Intangible		Personal Property Tax due June 30.	
<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
WALLACE, HOWARD K JR. 4509 NW 23RD AVE. STE 16 GAINESVILLE FL 32606		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		8021 NE 221 Street	
		83	
		84 City	
		Melrose	
		FL	
		85 Zip Code	
		32666	

11. Pursuant to the provisions of Sections 607.0512 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



Howard K. Wallace, Jr.

4/28/98

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input type="checkbox"/> DELETE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	PD	1.1 TITLE	
NAME	WALLACE, HOWARD K JR.	1.2 NAME	
STREET ADDRESS	4509 NW 23RD AVE. STE 16	1.3 STREET ADDRESS	4707 NW 53rd Ave, Suite A
CITY-ST-ZIP	GAINESVILLE FL 32606	1.4 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	STVD
NAME	WALLACE, ANNE M	2.2 NAME	
STREET ADDRESS	4509 NW 23RD AVE. STE 16	2.3 STREET ADDRESS	4707 NW 53rd Ave, Suite A
CITY-ST-ZIP	GAINESVILLE FL 32606	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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:



Anne M. Wallace

Sec/Treasurer 4/28/98 352-377-2240

CR2E034 (10/97)