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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000024879

1. Corporation Name

STIRLING ROAD ENTERPRISES, INC.

							1 1		
Principal Place of Business Mailing Address						- I 100tinds lin idlit 100ll datis patsi datis aan	# 15841 BIWET IWIN)		
10290 SW 59 S COOPER CITY		10290 SW 59 ST COOPER CITY FL 33328							
US US						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed 03/19/1997		2	ļ
2 Principal P	lace of Business	2a. Mailing Address				4. FEI Number	Ap	plied For	İ
21	Mass of Easternance	26	1			65-0738862	No	t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A Fee Re		
22		27				<u> </u>		-	1
City & State		City & State	¬ '			6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added to		
Zip	Country	Zip				8. This corporation owes the current year Intangible Personal Property Tax. Yes No			
24	25	29	30			10. Name and Address of New Registere			1
	9. Name and Address of Curre	nt Registered Agent		81	Name	IV. Hame and Address of New Negistere	- rigorit		1
MILL	ER, JEREL M							_	-
10290 SW 59 ST				82	Street Addre	ress (P.O. Box Number is Not Acceptable)			
COC	PER CITY FL 33328			83					Ì
				84	City	F	85 Zip C	Code	1
								registered	1
office or r	to the provisions of Sections 607.05 registered agent, or both, in the State rm familiar with, and accept the oblig	e of Florida. Such channe was a	utnonzea	DV III	e corporation	oration submits this statement for the purpose n's board of directors. I hereby accept the app	pintment as rec	gistered	
SIGNATURE									l
SIGNATURE	Signature, typed or printed name of registered ag			Agent s	ignature required	when reinstating) DATE			┨
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO Change	Addition	1
TITLE	D STATE OF THE STA	☐ DELETE	11 TIT				onungo		l
NAME	MILLER, JEREL M		12 NA		202500				ĺ
STREET ADDRESS					DDRESS				}
CITY-ST-ZIP	COOPER CITY FL 33328		2.1 TIT	Y-ST-2	ZIP		☐ Change	Addition	1
TITLE			2.2 NA			,	_ ,		ļ
NAME STREET ADDRESS					DDRESS				
CITY-ST-ZIP				TY-ST-		,			
TITLE		☐ DELETE	3.1 TIT				☐ Change	Addition	1
NAME			3.2 NA	ME					
STREET ADDRESS			3.3 ST	REETA	ODRESS				\
CITY-ST-ZIP			3.4. CF	TY-ST-	ZiP	,			1
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NAME			4. 2 NA	AME.					
STREET ADDRESS			4.3 ST	REETA	DDRESS		•		1
CITY-ST-ZIP			_	Y-ST-	ZIP		Change	Addition	┦/
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NAME			5.2 NA		DODESS			\$ 5 76. \$4 \$2. \$356. 330	
STREET ADDRESS				REETA TY-ST-1	DDRESS	,	• •		
CITY-ST-ZIP		DELETE	6.1 TIT				☐ Change	Addition	1
TITLE		□ ⊅ctric	6.2 NA						
NAME					ODRESS			•	
STREET ADDRESS				TY-ST-					
CITY-ST-ZIP	1		E O						

14. I hereby certify that the information supplied with this filling 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 potunic 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 receives or trystee engagement of fecute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the corporation or the receiver or true Block 12 or Block 13 if changed, or on an attach rent

SIGNATURE:

CITY-ST-ZIP