Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90157 013 ***300.00

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000028439

1. Corporation Name

STERLING INVESTMENTS PROPERTIES, INC.

Principal Place of Business			Mailing Address								
405 DOUGLAS AVE. 405 DOUGLAS AVE.											
SUITE 1955 SLITE 1955 ALTAMONTE SPRINGS FL 32714 ALTAMONTE SPRINGS FI				32714				DO NOT WRITE IN THIS SPACE			
THE PROPERTY OF THE PROPERTY O								3. Date Incorporated or Qualifed			
								03/26/1997			
2. Principal P	lace of Business	2a.	Mailing Address					4. FEI Number		Apı	plied For
21		26						59-3440202		No	t Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.					5. Certifcate of Status Desired		\$8.75 A	
22			27					J. Gormonio di Ciana Docinos		Fee Re	quired
City & Stat	0	- =	City & State			·	-	=6Election Campaign Financing		•	May Be
23		28						Trust Fund Contribution		Added to	o Fees
Zip	Country	\vdash				ountry		8. This corporation owes the current year Intangible Personal Property Tax Yes No			
24	25	29	 	30				Personal Property Tax.			
	9. Name and Address of Current	Regis	tered Agent		81	NI:	ame	10. Name and Address of New Re	gistered	Agent	
JIH DI	GE, WALTER E				"		a, 110				
405 DOUGLAS AVE.					82	82 Street Address (P.O. Box Number is Not Acceptable)					
SUITE 1955					83	-	,,,,				
	AMONTE SPRINGS FL 32714				03						
7517					84	C	ity		FL	85 Zip C	Code
	60 1 007 007	10	07 4500 Flatia Ctat.	- 45-	<u> </u>	<u> </u>		ration submits this statement for the p		changing its	registered
office or r	egistered agent, or both, in the State of	of Florid	da. Such change was a	iuthoriz	ed by	the	corporation	n's board of directors. I hereby accept	the appoir	ntment as rec	gistered
agent. I a	m familiar with, and accept the obligat	ions of	, Section 607.0505, Flo	rida St	atutes	3.					}
SIGNATURE			X	- Poninto	and Anne	nt nion	oturs required	when reinstating)	DATE		
12.	Signature, typed or printed name of registered agent OFFICERS ANI			1:		ric algi	IZIOI O I OQUII OC	ADDITIONS/CHANGES TO OFFI		D DIRECTO	RS IN 12
TITLE	D	<i>D</i> (<i>D</i>), (<i>L</i>)	DELETE		TITLE					Change	☐ Addition
NAME :	KAHN, JEROME B		_	1.2	NAME						ĺ
STREET ADDRESS	2102 ROYAL FERN COURT				STREET	רות א ד	RESS				
	LONGWOOD FL 32750			1	CITY-S		1			•)
CITY-ST-ZIP TITLE	D		☐ DELETE		TILE	, CII	~			☐ Change	Addition
NAME	JACONETTI, GEORGE W				NAME						ļ
STREET ADDRESS	733 W. STATE ROAD 436 SUIT	F 200	1		STREET	TADD	RESS				į
	ALTAMONTE SPRINGS FL 3271		•		4 CITY-S						
CITY-ST-ZIP	D		☐ DELETE		TITLE	<u> </u>				Change	☐ Addition
NAME .	JUDGE, WALTER E	•		32	NAME		1				ļ
STREET ADDRESS	405 DOUGLASS AVE., SUITE 1	955			STREET	T ADD	RESS				ĺ
CITY-ST-ZIP	LONGWOOD FL 32714			1	CITY-S		- 1				
TITLE	20.70.70 . 2 . 2 . 7 . 7		☐ DELETE		TITLE		_			☐ Change	☐ Addition
NAME					2 NAME						1
STREET ADDRESS					STREET		RESS				
CITY-ST-ZIP				- 1	CITY-S		1		_		
TITLE			☐ DELETE		TITLE		$\neg \uparrow \neg$			Change	☐ Addition
NAME				5.2	NAME		-				
STREET ADDRESS			•	5.3	STREE	TADD	RESS				1
CITY-ST-ZIP				5.4	CITY-S	ST-ZIP	.				
TITLE			☐ DELETE	6.1	TITLE		$\neg \uparrow \neg$			Change	☐ Addition
NAME:	•			6.2	NAME						ĺ
OTDEST ADDRESS				6.3	STREE	T ADD	RESS				Ţ

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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR