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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P97000042975 (7)

STERLING MANAGEMENT GROUP, INC.

FILED Mar 31 1998 8:00am Secretary of State



	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/13/1997 4. FEI Number 59-3449708 6. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution DO NOT WRITE IN THIS SPACE Applied For Not Applied For Not Applied For See Required \$ 8.75 Additional Fee Required \$ 5.00 May Be Added to Fees
2. Principal Place of Business 21 3185 S. Conway Rd. 26 3185 S. Conway Rd Suite, Apt. #, etc. 22 Suite C City & State City & State City & State Country Country 24 32812 25 Oranse 29 32812 30 Oranse 9. Name and Address of Current Registered Agent	3. Date Incorporated or Qualified 05/13/1997 4. FEI Number 59 - 3449708 Applied For Not Applicable 5. Certificate of Status Desired 6. Election Campaign Financing \$5.00 May Be
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Zip Country Zip Country 32812 30 Crange 9. Name and Address of Current Registered Agent	
32812 25 Orange 29 32812 30 Orange 9. Name and Address of Current Registered Agent	
9. Name and Address of Current Registered Agent	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
	10. Name and Address of New Registered Agent
BERRY, STEVEN J	Change T
AND AND TOWNS AND POST	ss (P.O/ Box Number is Not Acceptable)
LAKE MARY FL 32746	SIMMONS RD.
83	
	ANDO
84 City	FL 85 Zip Code 32812.
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporate	ration 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	n's board of directors. I hereby accept the appointment as registered
SIGNATURE	
Signature, typed or printed name of registered agont and title if applicable (NOTE: Registered Agont signature required to 12. OFF ICERS AND DIRECTORS 13.	d when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
	RESIDENT Change Addition
NAME 12 NAME	TOWAL T BERRY
STREET ADDRESS 1.3 STREET ADDRESS 444	FOO BIMMONS ROAD
	RLANDO F1 32812
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TITLE DELETE 6.1 TITLE	Change Addition
NAME 6.2 NAME	
STREET ADDRESS 6.3 STREET ADDRESS	
CITY-ST-ZIP 6.4 CITY-ST-ZIP	
City-St-ZiP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Seindicated on this annual report or supplemental annual report is true and accurate and that my signature and the supplemental annual report is true and accurate and that my signature and the supplemental annual report is true and accurate and that my signature are supplemental annual report is true and accurate and that my signature are supplemental annual report is true and accurate and that my signature are supplemental annual report is true and accurate and that my signature are supplemental annual report is true and accurate and the supplemental annual report is true and accurate and the supplemental annual report is true and accurate and the supplemental annual report is true and accurate and the supplemental annual report is true and accurate and the supplemental annual report is true and accurate and the supplemental annual report is true and accurate and the supplemental annual report is true and accurate and the supplemental annual report is true and accurate and the supplemental annual report is true and accurate and the supplemental annual report is true and accurate and the supplemental annual report is true and accurate and the supplemental annual report is true and accurate and the supplemental annual report is true and accurate and the supplemental annual report is true and accurate and the supplemental annual report is true and accurate and the supplemental annual report is true and accurate and the supplemental annual report is true and accurate and the supplemental annual report is true and accurate and the supplemental annual report is true and accurate and accurate an accurate an accurate and accurate an accurate and accurate an accurate accurate an accurate an accurate an accurate accurate an accurate accurate a	