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PROFIT CORPORATION ANNUAL REPORT

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000068499 (7)

FILED Jul 08 1998 8:00am Secretary of State

THE STERLING COMPANY, INC. Principal Place of Business Mailing Address 301 EAST HILLCREST 301 EAST HILLCREST ORLANDO FL 32901 ORLANDO FL 32801 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/06/1997 2. Principal Place of Business 2a. Mailing Address 4, FEI Number Applied For 58-2338143 21 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 Added to Fees 28 Zip Country Country This corporation owes or has paid the current year Intangible 24 25 Personal Property Tax due June 30. ☐ Yes 29 30 g, Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 STOLSKI, TRUDIE 301 EAST HILLCREST STREET Street Address (P.O. Box Number is Not Acceptable) 82 ORLANDO FL 32801 83 84 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fidrida 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. (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS CR2E034 (10/97 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. sident/Secretary DELETE TITLE 1.1 TITLE Trudic Stuski NAME 1.2 NAMI 301 E. Hillcrest Street STREET ADDRESS 1.3 STREET ADDRESS Orlando -14 CHY-ST-7IP CITY-ST-ZIP DELÉTE Change Addition 21 DICE TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - 7tP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST - ZIP DELF TE Change 4.1 TITLE Addition TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE 5.1 TITLE Change Addition TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 C/1Y - \$1 - ZIP CITY-ST-ZIP Addition DELETE ___ Change THILE 6.1 TITLE 100002583751 NAME 6.2 NAME -07/09/98--01005--043 STREET ADDRESS 6.3 STREET ADDRESS ***150.00 6.4 CITY - \$1 - ZIP CHY-ST-7IP

14. Thereby 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 offect as if made under early 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.