## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** 

## STERLING BUILDING AND DEVELOPMENT INC.

## FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90188 047 \*\*\*150.00



| Principal Place of Business Mailing Address                                                                                                                                                                                                                                                                                                                       |                                 |                                            |              |                                                   |                          |               |                | ישטי גופם וופוו פוווי פסופו ופבסו וווסס וווסס וווסס ווופס ווופס וווסס וווסס וווסס וווסס וווסס וווסס וווסס וווסס |  |  |
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|                                                                                                                                                                                                                                                                                                                                                                   |                                 |                                            |              |                                                   | THE DADWINAY             |               |                |                                                                                                                 |  |  |
| 9810 D. BOCA GARDENS PARKWAY<br>BOCA RATON FL 33496                                                                                                                                                                                                                                                                                                               |                                 |                                            |              | 9810 D. BOCA GARDENS PARKWAY BOCA RATON FL 33496  |                          |               |                |                                                                                                                 |  |  |
| BUCA RATUN FL 33490                                                                                                                                                                                                                                                                                                                                               |                                 |                                            | ,            | BOOM HINTON 1 E 30480                             |                          |               |                | DO NOT WRITE IN THIS SPACE                                                                                      |  |  |
|                                                                                                                                                                                                                                                                                                                                                                   |                                 |                                            |              |                                                   |                          |               |                | 3. Date incorporated or Qualified 09/09/1997                                                                    |  |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                    |                                 |                                            |              | 2a. Mailing Address                               |                          |               |                | 4. FEI Number Applied For                                                                                       |  |  |
| <del></del>                                                                                                                                                                                                                                                                                                                                                       |                                 |                                            | ļ            | 26                                                |                          |               |                | 65-0780853 Not Applicable                                                                                       |  |  |
| 21 Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                            |                                 |                                            |              | Suite, Apt. #, etc.                               |                          |               |                | CR 75 Additional                                                                                                |  |  |
| 22                                                                                                                                                                                                                                                                                                                                                                |                                 |                                            |              | 27                                                |                          |               |                | 5. Certificate of Status Desired Fee Required                                                                   |  |  |
| City & State                                                                                                                                                                                                                                                                                                                                                      |                                 |                                            |              | City & State                                      |                          |               |                | 6. Election Campaign Financing \$5.00 May Be                                                                    |  |  |
| 23                                                                                                                                                                                                                                                                                                                                                                |                                 |                                            | 28           | <u> </u>                                          |                          |               |                | Trust Fund Contribution Added to Fees                                                                           |  |  |
| Zip Country                                                                                                                                                                                                                                                                                                                                                       |                                 |                                            |              | Zip Country                                       |                          |               |                | 8. This corporation owes the current year                                                                       |  |  |
| 24                                                                                                                                                                                                                                                                                                                                                                | 1                               | 25                                         | 29           | ī] .                                              | 30 -                     |               |                | Intangible Personal Property. Yes No                                                                            |  |  |
|                                                                                                                                                                                                                                                                                                                                                                   |                                 | and Address of C                           | urrent Regi  | istered Agent                                     |                          | T             |                | 10. Name and Address of New Registered Agent                                                                    |  |  |
|                                                                                                                                                                                                                                                                                                                                                                   | <del></del>                     |                                            |              |                                                   |                          | 81 Name       |                | е                                                                                                               |  |  |
| BOWMAN, EDWARD PAUL                                                                                                                                                                                                                                                                                                                                               |                                 |                                            |              |                                                   |                          |               | Street         | at Address (P.O. Box Number is Not Acceptable)                                                                  |  |  |
| 9810 D. BOCA GARDENS PARKWAY                                                                                                                                                                                                                                                                                                                                      |                                 |                                            |              |                                                   |                          |               | Sueet          | ( Address (P.O. Box Number is Not Acceptable)                                                                   |  |  |
| BOCA RATON FL 33496                                                                                                                                                                                                                                                                                                                                               |                                 |                                            |              |                                                   |                          |               |                |                                                                                                                 |  |  |
|                                                                                                                                                                                                                                                                                                                                                                   |                                 |                                            |              |                                                   |                          | 84            | L              |                                                                                                                 |  |  |
|                                                                                                                                                                                                                                                                                                                                                                   |                                 |                                            |              |                                                   |                          |               | City           | FL 85 Zip Code                                                                                                  |  |  |
| 11. Pursuant to the provisions of sections 607.0502 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 |                                 |                                            |              |                                                   |                          |               |                |                                                                                                                 |  |  |
| office of F                                                                                                                                                                                                                                                                                                                                                       | registered ag<br>ım fasaliar wi | ent, or both, in the<br>th. and accept the | State of Flo | orida. Such change was<br>of. section 607.0505. F | authorize<br>Florida Sta | a by<br>tutes | tne corp<br>i. | rporation's board of directors. Thereby accept the appointment as registered                                    |  |  |
| agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.                                                                                                                                                                                                                                                                     |                                 |                                            |              |                                                   |                          |               |                |                                                                                                                 |  |  |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: R                                                                                                                                                                                                                                                                  |                                 |                                            |              |                                                   |                          | ered A        | gent signatu   | sture required when reinstating) DATE                                                                           |  |  |
| 12.                                                                                                                                                                                                                                                                                                                                                               |                                 | OFFICE                                     | RS AND DIR   | RECTORS                                           | 13.                      |               |                | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                                                               |  |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                             | VP                              |                                            |              | DELETE                                            | 1.1 Ti                   | TLE           |                | President Change Addition                                                                                       |  |  |
| NAME                                                                                                                                                                                                                                                                                                                                                              | AMARAL,                         | STEVEN                                     |              | 7                                                 | 1.2 N                    | AME           |                | Edward P. Bowman                                                                                                |  |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                    | 4624 AV                         | ALON ST                                    |              |                                                   | 1.3 \$                   | TREET         | ADDRESS        | \$ 9810D Boca Gardens Parliway Truca Raton F1 33496                                                             |  |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                       | BOCA RA                         | TON FL 33428                               |              |                                                   | 1,4 C                    | ITY-ST        | -ZIP           | Twa Raton P1 33496                                                                                              |  |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                             |                                 |                                            | _            | DELETE                                            | 2.1 T                    | TLE           |                | Change Addition                                                                                                 |  |  |
| NAME                                                                                                                                                                                                                                                                                                                                                              |                                 |                                            |              |                                                   | 2.2 N                    | AME           |                |                                                                                                                 |  |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                    | REET ADDRESS                    |                                            |              | 2.3 \$1                                           |                          |               | ADORESS        | s                                                                                                               |  |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                       |                                 |                                            |              |                                                   | 2.4 C                    | ny-si         | -ZIP           |                                                                                                                 |  |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                             |                                 |                                            |              | DELETE                                            | 3.1 T                    | ITLE          |                | Change Addition                                                                                                 |  |  |
| NAME                                                                                                                                                                                                                                                                                                                                                              |                                 |                                            |              |                                                   | 3.2 N                    | AME           |                |                                                                                                                 |  |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                    |                                 |                                            |              |                                                   | 3.3 \$                   | TREET         | ADDRESS        | s                                                                                                               |  |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                       |                                 |                                            |              |                                                   | 3.4 C                    | ITY-\$1       | r-ZIP          |                                                                                                                 |  |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                             |                                 |                                            |              | DELETE                                            | 4.1 T                    | ITLE          |                | Change Addition                                                                                                 |  |  |
| NAME                                                                                                                                                                                                                                                                                                                                                              |                                 |                                            |              |                                                   | 4.2 N                    | AME           |                |                                                                                                                 |  |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                    |                                 |                                            |              |                                                   | 4.3 S                    | TREET         | ADDRESS        | s                                                                                                               |  |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                       |                                 |                                            |              |                                                   | 4.4 G                    | ITY-ST        | -ZIP           |                                                                                                                 |  |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                             |                                 |                                            | =            | DELETE                                            | 5.1 T                    | ITLE          |                | Change Addition                                                                                                 |  |  |
| NAME                                                                                                                                                                                                                                                                                                                                                              |                                 |                                            |              |                                                   | 5.2 N                    | AME           |                |                                                                                                                 |  |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                    |                                 |                                            |              |                                                   | 5.3 \$                   | TREET         | ADDRESS        | s                                                                                                               |  |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                       |                                 |                                            |              |                                                   | 5.4 C                    | ITY-ST        | ZIP            |                                                                                                                 |  |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                             |                                 |                                            | _            | DELETE                                            | 6.1 T                    |               |                | Change Addition                                                                                                 |  |  |
| NAME                                                                                                                                                                                                                                                                                                                                                              |                                 |                                            |              | 0                                                 | 6.2 N                    | AME           |                |                                                                                                                 |  |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                    |                                 |                                            |              |                                                   |                          |               | ADDRESS        | s                                                                                                               |  |  |
| SINCE ADDITED                                                                                                                                                                                                                                                                                                                                                     |                                 |                                            |              |                                                   | 1                        |               |                |                                                                                                                 |  |  |

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:

SIGNATURE:

AME OF SIGNING OFFICER OR DIRECTOR