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

STREET ADDRESS

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CITY - ST - ZIP

FILED Feb 13 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 POCUMENT # P9700082334 (8) STERLING SENIOR SERVICES, INC. Mailing Address Principal Place of Business 8452 MERRILL CIRCLE 8452 MERRILL CIRCLE **LARGO FL 34777 LARGO FL 34777** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/23/1997 2. Principal Place of Business 2a. Mailing Address Applied For 59-3471368 Not Applicable 21 26 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 8. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Ζiρ Country Country 8. This corporation owes or has paid the current year Intangible 24 ☐ Yes 30 Personal Property Tax due June 30. 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 BACON, DAVID A 2959 FIRST AVENUE NORTH 62 Street Address (P.O. Box Number is Not Acceptable) ST. PETERSBURG FL 33713 83 В4 City 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (10/97 12. 13. DELETE TITLE 1.1 TITLE Change ___ Addition SOPER, JAMES NAME 1.2 NAME CRZE034 8452 MERRILL CIRCLE 1.3 STREET ADDRESS STREET ADDRESS LARGO FL 34777 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE 2.2 NAME NAME 2 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP 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 DELETE Change ☐ Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS **5 3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY - ST-ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME

63 STREET ADDRESS

6.4 CITY-ST-ZIP

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 effect as if made under eath; 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 appear with an address.