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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700086014

1. Corporation Name

STERLING ENTERPRISES OF SOUTH FLORIDA, INC.

Principal Place	e of Business	Mailing Address	ng Address				L 1861/601 ten tent 1601, entil entil dette)(1) (1011 8181 1001
6309 STIRLING RD 6309 STIRLING RD											
DAVIE FL 33314 DAVIE FL 33314							DO NOT WRITE IN T	LHC (CDACE	:	
						1	Date Incorporated or Qualifed	1113	JF AOL		
						3.	10/03/1997				-
2 Principal D	lace of Business	2a. Mailing Address				4.	FEI Number		$-\top$	Apr	olied For
-, `	lace of busiliess	26 Planning Address	Maining Madiess			~.	65-0791908		-	+	Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.	uite. Apt. #. etc.			╁╾╴			\$8.		dditional
22 27						5.	Certifcate of Status Desired			e Rec	1
City & State City & State						6.	Election Campaign Financing		\$5	.00	May Be
23		28				Trust Fund Contribution Added to Fees					
Zip	Country	Zip Country				8.	This corporation owes the current year	r Inta	ngible	_	*****
24	25 29 30			ol			Personal Property Tax.				
	9. Name and Address of Current	Registered Agent				10.	Name and Address of New Registe	red A	gent		
			8	1 1	Name						
LONGSWORTH, MICHELLE F			8	2 9	Street Addres	ss (P	P.O. Box Number is Not Acceptable)				
	STIRLING RD		ا	` ا`	oncorragio.	35 (·	.o. box (tambor to violations)				
DAVI	IE FL 33314		8	3							
			-	<u>. ا ،</u>	Cit.				85	Zip C	odo
			*	4 (City		i	FL	83	Zip C	.000
office or re	egistered agent, or both, in the State on m familiar with, and accept the obligation	of Florida. Such change was a ions of, Section 607.0505, Flo	uthorized b rida Statute	y the ∋s.	e corporation	1'S DC	n submits this statement for the purpos pard of directors. I hereby accept the a	ppoin	tment a	as reg	ristered
	Signature, typed or printed name of registered agent			jent si	gnature required v				IDE	-070	20 11 42
12.	OFFICERS AND	D DIRECTORS	13.		—г-		ADDITIONS/CHANGES TO OFFICERS) ANL	Cha		Addition
TITLE				1.1 TITLE						go	
NAME	ZOTTOOTTOTTT, INTOTEZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZ		· ·	1.2 NAME							
STREET ADDRESS	***************************************		4	1.3 STREET ADDRESS							Ì
C:TY-ST-ZIP	DAVIE FL 33314			1.4 CITY-ST-ZIP					Cha	ange	☐ Addition
TITLE	V.			2.1 TITLE						ingo	
NAME	Ortaotronini, Econt			2.2 NAME							
STREET ADDRESS	0000 012112114115		•	2.3 STREET ADDRESS							ļ
CITY-ST-ZIP				2. 4 CITY-ST-ZIP					[] Cha		[] Addition
TITLE			3.1 TITLE	1					L. C. 18	ry c	C. Addition
NAME			3.2 NAME								
STREET ADDRESS			3.3 STRE								
CITY-ST-ZIP		□ DELETÉ	3.4. CITY		ZIP				Cha		Addition
TITLE		☐ DELETE	4.1 TITLE							nige	☐ Addition
NAME			4. 2 NAM								
STREET ADDRESS			4.3 STRE								
CITY-ST-ZIP		דו מני בדר	4.4 CITY		IP				☐ Cha	anne	Addition
TITLE		DELETE	5.1 TITLE		-	~ -		_		a ige	L Madition
NAME			5.2 NAME 5.3 STRE		DDESS !						
STREET ADDRESS					i						J
CITY-ST-ZIP		□ NC: FTF	5.4 CITY- 6.1 TITLE		IP				☐ Cha	ange	Addition
TITLE		☐ DELETE	6.2 NAMI							yc	☐ Addition
NAME					NOBECC						
STREET ADDRESS	1		6.3 STRE	E I AL	JUKE 35						

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

STREET ADDRESS

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