


FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90026 020 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000067412 1. Corporation Name STERLING HENNING INVESTMENT MANAGEMENT, INC.			
Principal Place of Business 1516 EAST HILLCREST STREET, STE. 212 ORLANDO FL 32803		Mailing Address 1516 EAST HILLCREST STREET, STE. 212 ORLANDO FL 32803	
DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/29/1998			
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	
4. FEI Number 59-3527138		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent STERLING, KIMBERLY 1516 EAST HILLCREST STREET, STE. 212 ORLANDO FL 32803		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 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 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: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D NAME LEMONS, CLARKE STREET ADDRESS 1516 EAST HILLCREST STREET, STE. 212 CITY-ST-ZIP ORLANDO FL 32803	<input type="checkbox"/> DELETE	1.1 TITLE P, D 1.2 NAME P, D 1.3 STREET ADDRESS P, D 1.4 CITY-ST-ZIP P, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V, T, D NAME Kimberly Sterling STREET ADDRESS 1516 E. Hillcrest St., Ste. 212 CITY-ST-ZIP Orlando 32803	<input type="checkbox"/> DELETE	2.1 TITLE V, T, D 2.2 NAME Kimberly Sterling 2.3 STREET ADDRESS 1516 E. Hillcrest St., Ste. 212 2.4 CITY-ST-ZIP Orlando 32803	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D, S NAME Karla H. Starkey STREET ADDRESS 1516 E. Hillcrest St., Ste. 212 CITY-ST-ZIP Orlando, FL 32803	<input type="checkbox"/> DELETE	3.1 TITLE D, S 3.2 NAME Karla H. Starkey 3.3 STREET ADDRESS 1516 E. Hillcrest St., Ste. 212 3.4 CITY-ST-ZIP Orlando, FL 32803	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-99

Date

407-894-0400

Daytime Phone #

CR2E034 (1/98)