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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # \$17099

(0)

STIRLING LAKE ASSOCIATES, INC.

FILED									
Feb	11	1997	8:00am						
Se	ecre	etary c	of State						

Principal Place of Business Mailing Address			· · · · · · · · · · · · · · · · · · ·			HID LEASTE HOUR HIGHD HIGH	
3109 STIRLING RD		3109 STIRLING RD					
SUITE 200		SUITE 200	4.6.6050				
FT LAUDERDAL US	E FL 33312	FT LAUDERDALE FL 333 US	12-6558		3. Date Incorporated or Qualified	3a. Date of Last	Danast
00		00			12/07/1990	04/29/1996	
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26		<u> </u>	65-0235188		Not Applicable
Suite, Apt.		Suite, Apt #, etc.			6. Certificate of Status Desired	1 1	Additional Required
City & State		City & State			6. Election Campaign Financing		O May Be
23 Ζιρ	Country	28 Zip	Countr		Trust Fund Contribution	 	d to Fees
24	<u> </u>		30	y	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes X Yes No		
24	9. Name and Address of Curre		1301		10. Name and Address of New Re	<u> </u>	
SING	SER, BERNARD A		81	Name	:		
	SHERIDAN ST		82	Stroot Add	dress (P.O. Box Number is Not Acceptate	NA)	
SUIT			02	Sileet Aut	dress (F.O. Box Normber is Not Acceptat	леј	
HOL	LYWOOD FL 33021		83				
			84	City		FL 85 Zip	p Code
11 Pursuant t	to the provisions of Sections 607.050	12 and 607 1508. Florida Stati	ites the abov	e-named co	rporation submits this statement for the p		its registered
office or re	egistered agent, or both, in the State	of Florida. Such change was	authorized b	y the corpora	ation's board of directors. I hereby accept	ot the appointment a	as registered
	m familiar with, and accept the oblig	jations or, Section 607,0505, r	погкаа Бтатите	\$.			
SIGNATURE	Signature, typed or printed Lame of registered ag	ent and tibe if applicable (NC	OTE: Registered Ap	ent signature req	ulred when reinstaling)	DATE	
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTO	ORS IN 12
THE	PST	☐ DELETE	1.1 TITLE			Change	e Addition
NAME	HOLLANDER, WALTER J		1.2 NAME				
STREET ADDRESS	3109 STRILING RD #200		1.3 STREE	t address			
CITY-ST-7IP	FT. LAUDERDALE FL		1.4 CITY -	ST-ZIP			
TITLE	VT	DELETE	2.1 TITLE			☐ Change	e
NAME	HOLLANDER, DAVID		2.2 NAME				
STREET ADDRESS	3109 STIRLING RD. #200		2.3 STREE	T ADDRESS			
CITY-S1-ZIP	FT. LAUDERDALE FL	DELETE	2.4 CITY-	ST-ZIP			. I sage.
THLE		☐ DELETE	3.1 TITLE			L Change	e
NAME			3.2 NAME				
STREET ADDRESS				T ADDRESS			
CHY-ST-7IP TITLE		☐ DELETE	3.4. C/TY -	21-ZP		Change	a Addition
NAME			4 2 NAME			C or wright	, Addition
STREET ADDRESS				T ADDRESS			
CITY - S1 - ZIP			4.4 CITY-				
Tille		DELETE	51 TITLE	31-ZIF		☐ Change	e Addition
NAME			52 NAME				
STREET ADDRESS			1	T ADDRESS			
CITY - ST - ZIP			54 CiTY-				
TITLE		DELETE	61 TITLE			Change	e Addition
NAME			6.2 NAME			•	•
STREET ADDRESS			6.3 STREE	T ADDRESS			
CITY-S1-ZIP			6.4 CITY -	ST-ZIP			
14. I do nerek	by certify that he information supplie	ed with this filing does not qua	alify for the ex	emption state	ed in Section 119.07(3)(i), Florida Statute at my signature shall have the same legs ort as required by Chapter 607, Florida S	s. I further certify th	at the
intormatio Lam an ol	in malcuted on this annual report or flicer or director of the corporationing	supplemental annual report is The receiver or trustee empo	wered to exe	cute this rep	at my signature snall have the same legs ort as required by Chapter 607, Florida S	a enect as it made t Statutes; and that my	under oath; that j y name
appears in	n Block 12 of Block 13/1 changed.	or on an eithdrinent with an a	ddress	10	(CNESS)	•	!

2.6.97