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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S33099** (0)

1. Corporation Name
STERLING FIN. & MGMT. INC.

Principal Place of Business: **1301 SEMINOLE BLVD. 172 LARGO FL 34640 US**

Mailing Address: **109 SHORE DRIVE 172 LARGO FL 34640 US**

21	2. Principal Place of Business	2a	Mailing Address
22	Suite, Apt # etc	26	1301 SEMINOLE BLVD
23	City & State	27	172
24	Zip	28	LARGO, FL
25	Country	29	34640
		30	FLORIDA

3.	Date Incorporated or Qualified	3a.	Date of Last Report
	02/21/1991		04/27/1994
4.	FEI Number		Applied For
	59-3053370		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
7.	This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**LOEFFLER, KARL
109 SHORE DRIVE
DUNEDIN FL 34698**

10. Name and Address of New Registered Agent

B1	Name	LOEFFLER, KARL	
B2	Street Address (P.O. Box Number is Not Acceptable)	1301 SEMINOLE BLVD, SUITE 172	
B3	City	LARGO	FL
B4	Zip Code	34640	

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: *Karl Loeffler* DATE: **4/14/95**

12. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	LOEFFLER, KARL
STREET ADDRESS	109 SHORE DRIVE
CITY ST ZIP	DUNEDIN FL
TITLE	S
NAME	LOEFFLER, KARL
STREET ADDRESS	109 SHORE DRIVE
CITY ST ZIP	DUNEDIN FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	DVP
23 STREET ADDRESS	DARROW SHAW
24 CITY ST ZIP	1301 SEMINOLE BLVD, SUITE 172 LARGO, FL 34640
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(k), 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: *Karl Loeffler* DATE: **3/27/95** TELEPHONE: **813 559-0400**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR