

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S60769** (4)

1. Corporation Name

LAW OFFICES OF SCOTT L. STERLING, P.A.



Principal Place of Business

**1201 E. ROBINSON ST.
ORLANDO FL 32801**

Mailing Address

**1201 E. ROBINSON ST.
ORLANDO FL 32801**

2. Principal Place of Business

21 **1113 E. Robinson St.**

Suite, Apt. #, etc.

22

City & State

23 **Orlando, FL**

Zip

24 **32801**

Country

25 **Orange**

2a. Mailing Address

26 **1113 E. Robinson St.**

Suite, Apt. #, etc.

27

City & State

28 **Orlando, FL**

Zip

29 **32801**

Country

30 **Orange**

3. Date Incorporated or Qualified

06/19/1991

3a. Date of Last Report

05/22/1995

4. FEI Number

58-3074383

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

g. Name and Address of Current Registered Agent

LUXENBERG, JERRY ← misspelled
**1201 E. ROBINSON ST.
ORLANDO FL 32801**

10. Name and Address of New Registered Agent

81 Name

Jerry S. Luxenberg

82 Street Address (P.O. Box Number is Not Acceptable)

1113 E. Robinson St

83

84 City

Orlando

FL

85 Zip Code

32801

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]

(NOTE: Registered Agent signature required when effecting change)

DATE

4/17/96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PSY**
STREET ADDRESS **STERLING, SCOTT L**
CITY-STATE-ZIP **1201 E. ROBINSON ST.
ORLANDO FL**

TITLE ☐ DELETE

NAME **D**
STREET ADDRESS **STERLING, SCOTT L**
CITY-STATE-ZIP **1201 E. ROBINSON ST.
ORLANDO FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
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TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13.

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

1113 E. Robinson St

Orlando, FL 32801

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

1113 E. Robinson St.

Orlando, FL 32801

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-STATE-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(3)(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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/96

(407)894-6001

CR2E034 (12/95)