03-04-1999 90130 019 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **S62579**

1. Corporation Name

STERLIN	G WORTH, INC.						
Principal Place	e of Business	Mailing Address			T I BONTON IN OTHER THEOLOGIST CONTRACTOR	1 M1014 M1041 M1011 A1011 A	1611 BIBIT 1881
801 SOUTH UNIVERSITY DRIVE 801 SOUTH UNIVERSITY DRIVE							
C-126 C126					DO NOT WRITE IN THIS SPACE		
PLANTATION FL 33324 PLANTATION FL 33324							
us us					3. Date Incorporated or Qualifed		Į
		10.44.3%			06/24/1991 4. FEI Number		plied For
Principal Place of Business 2a. Mailing Address							t Applicable
21 26 Suite Apt # etc Suite, Apt #, etc					65-0272734	\$8.75 A	
— Salley, p. 11, 513					5. Certificate of Status Desired	Fee Re	
22					6. Election Campaign Financing	\$5.00	
					Trust Fund Contribution	Added to	
Zip Country Zip			Country	<u> </u>	8. This corporation owes the current y	ear Intancible	
24	25	29 30	-, ·		Personal Property Tax.	Yes	□No
24	9. Name and Address of Curre		<u>-</u>		10. Name and Address of New Regis	itered Agent	
			81	Name			
Donovan, Sharon A.				Stroot Add	ress (P.O. Box Number is Not Acceptable)		
261 N.W. 127TH AVENUE			82	Sileet Add	iless (F.O. Box, Manhout is Mot Acceptable)		
PLANTATION FL 33325			83				
			-	0.1		85 Zip C	`ode
			. 84	City		FL S	,000
agent. I a SIGNATURE	Signature, typed or printed name of registered as				poration submits this statement for the purplion's board of directors. I hereby accept the ed when reinstating) ADDITIONS/CHANGES TO OFFICE	ATE RS AND DIRECTO	· .
TITLE	PD	☐ DELETE	1.1 TITLE			Change	☐ Addition
NAME	DONOVAN, SHARON A.	NOVAN, SHARON A. 12N					
STREET ADDRESS	s 261 NW 127TH AVENUE 1.33		1.3 STREE	T ADDRESS			
CITY-ST-ZIP			1.4 CITY-S	ST-ZIP			
TITLE	S	☐ DELETE	2.1 TITLE			☐ Change	☐ Addition
NAME	DONOVAN, THOMAS A.		2.2 NAME	~ ₁			
STREET ADDRESS	261 NW 127TH AVENUE		2 3 STREE	TADDRESS	-	-	•
CITY-ST-ZIP	PLANTATION FL		2 4 CITY-	ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE			Change	☐ Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	TADDRESS			
CITY-ST-ZIP			3.4. CITY-	ST-ZIP			i
TITLE		☐ DELETE	4.1 TITLE		•	☐ Change	☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE			☐ Change	☐ Addition
NAME			5.2 NAME		•		
STREET ADDRESS		•	5.3 STREE	T ADDRESS			ļ
CITY-ST-ZIP			5.4 CITY - S				
TITLE		☐ DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME			6.2 NAME				İ
STREET ADDRESS			6.3 STREE	T ADDRESS			,

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

SIGNATURE:

CITY-ST-7IP