

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # S80163 (6)

1. Corporation Name

AMERICAN STERLING ENTERPRISES, INC.



Principal Place of Business

7638 301 BLVD.  
SUITE 34  
SARASOTA FL 34243  
US

Mailing Address

7638 301 BLVD  
SUITE 34  
SARASOTA FL 34243  
US

3. Date Incorporated or Qualified  
09/13/1991

3a. Date of Last Report  
04/14/1995

2. Principal Place of Business

21 7638 301 Blvd.

Suite, Apt. #, etc.

22 City & State  
Sarasota, FL

23 Zip  
34243

25 Country  
USA

2a. Mailing Address

26 7638 301 Blvd.

Suite, Apt. #, etc.

27 City & State  
Sarasota, FL

29 Zip  
34243

30 Country  
USA

4. FEI Number

59-3087075

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

9. Name and Address of Current Registered Agent

CONIGLIO, SAMUEL M., III  
7734 PALM AIRE LANE  
SARASOTA FL 34243

10. Name and Address of New Registered Agent

81 Name

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

6450 Shoal Creek Street Circle

83

84 City

Bradenton

FL

85 Zip Code

34202

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 or director (Type name)

(NOTE: Registered Agent Signature Required When New Agent)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
DPS  
CONIGLIO, SAMUEL M., III  
STREET ADDRESS  
7734 PALM AIRE LANE  
CITY-ST-ZIP  
SARASOTA FL

TITLE ☐ DELETE

NAME  
DVT  
CONIGLIO, CAROL  
STREET ADDRESS  
7734 PALM AIRE LANE  
CITY-ST-ZIP  
SARASOTA FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

6450 Shoal Creek Street Circle  
Bradenton, FL 34202

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

6450 Shoal Creek Street Circle  
Bradenton, FL 34202

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

Carol A. Coniglio, VP  
Carol A. Coniglio

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/96

Date

(941) 351-2664

Daytime Phone #

CR2E034 (12/95)