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

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	INE STERLING, INC.						
Principal Place	of Business	Mailing Address			4 immirthia till batte 1858 bitti (901)	. 6161 61911 61611 6161	1 818E1 BIBIT BIBIT 1881
20314 VERA CRUZ LANE BOCA RATON FL 33498		20314 VERA CRUZ LAN BOCA RATON FL 3349					
		5557 1771 517 12 5575	•		3. Date Incorporated or Qualified	3a. Date of L	ast Report
					10/23/1991	05/01	/1995
2. Principal Pla	ce of Business	2e. Mailing Address			4. FEI Number		Applied For
Suite, Apt. #	oto	26			65-0291408		Not Applicable
30/16, Apr. #	, 610,	Suite, Apt. #, etc.			5. Certificate of Status Desired	11 7	8.75 Additional Fee Required
City & State		City & State			6. Election Campaign Financing		5.00 May Be
3		28			Trust Fund Contribution		Added to Fees
Zip Ti	Country	Zip	Country	!	8. This corporation has liability for		ders 199.032,
<u> </u>	25 9. Name and Address of Curren	t Pagistared Agent	30		··- t	S No	
	7. Name and Address of Corren	r negistered Agent	81	I Name	10. Name and Address of New I	registered Ager	nt
KDEDDEI	, BARBARA			L			
	RA CRUZ LANE		82	Street Addr	ess (P.O. Box Number is Not Acceptal	ole)	
	TON FL 33498		83	+			
5007775			84	City		85	5 Zip Code
				,		FL	'
 Pursuant to or registere 	the provisions of Sections 607.0502 diagent, or both, in the State of Florid	and 607.1508, Florida Statute da. Such change was authorize	es, the above-	named corpor	ation submits this statement for the pured of directors. I hereby accept the app	rpose of changin	g its registered offic
familiar with	n, and accept the obligations of, Secti	on 607.0505, Florida Statutes			a an amount in the case account in a case	on the contract of region	storeo agont. I am
SIGNATURE _	ilgnature typed or printed name of registered agent	international contraction	2) Fr	nt signature require:	2- 1-1		
12.	OFFICERS AND		13.	rik siçirla tire require:	ADDITIONS/CHANGES TO OF	DATE FICERS AND DIR	ECTORS IN 12
TITLE	PD	[] DELETE	1. 1 TITLE			☐ Cr	
NAME	KREPPEL, SIDNEY		1.2 NAME				
STREET ADDRESS	20314 VERA CRUZ LANE		1.3 STREE	ADDRESS			
CITY-S1-Z:P	BOCA RATON FL		1.4 CITY-	ST-ZIP			
TITLE	VD	DEFELE	2 1 TITLE			Cr	nange 🔲 Addition
NAME	KREPPEL, LENNIE		2.2 NAME				
STREET ADDRESS City-St-Zip	20314 VERA CRUZ LANE BOCA RATON FL		1	I ADDRESS			
TITLE	BOOM NATON FC	[7] DELETE	2.4 CITY - 1 3. 1 TITLE	51- 211'		П Cr	nange [] Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	1 ADDRESS			
CITY-ST-ZP		***************************************	3.4 CITY-	ST-ZIP			
TITLE		☐ DELETE	4 1 TITLE			Cr	nange 🔲 Addition
NAME			4.2 NAME				•
STREET ADDRESS			4.3 STREE	I ADDRESS			
CITY-ST-ZIP	***	DELETE	4.4 City -	\$1 - ZIP		F1 6	nongo 🗂 *dd'ata
TITLE NAME		ET DETERE	5. 1 TITLE 5.2 NAME			□ Cr	nange
STREET ADDRESS			1	I ADDRESS			
CITY-ST-ZIP			5.4 CITY-				
TITLE		DELETE	6. 1 TITLE		M1,440,7,144,144,144,144,144,144,144,144,144,1	[] Cr	nange 🔲 Addition
NAME			6.2 NAME				_
			6.3 STREE	ADDRESS			
STREET ADORESS							
CITY-ST-ZIP	M 17 M (Model his As No. 18 to		6.4 CITY		or the exemption stated in Section 119		

SIGNATURE:

SIGNATURE AND PRED OR PRINT O NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND PRED OR PRINT O NAME OF SIGNING OFFICER OR DIRECTOR