## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V02100

(8)

STIRLING HOTEL EMPLOYEE'S INC.

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**FILED** 

Aug 12 1997 8:00am

Secretary of State

| Principal Place   | of Business                                       | Mailing Address  |                           |  | 1980) 01(0(1881)86 1880) 116(1881) 08(14 88)                   |  |               |
|---|---|--|---------------------------|--|--|--|---------------|
| 5900 SW 73RD STREET<br>SUITE 303<br>MIAMI FL 33143<br>US  |   | 77 NO. HIBISCUS DR.<br>MIAMI BEACH FL 33139  |                           | DO NOT WRITE IN THIS SPACE             |  |  |               |
| US  |   |  |                           |  | 3. Date Incorporated or Qualified                              | 3a. Date of Last R                               | eport         |
| 2. Principal Pl   | lace of Business                                  | 2a. Mailing Address  |                           |  | 12/20/1991<br>4. FEI Number                                    | 08/14/1996                                       | oplied For    |
| 21  |   | 26   |                           |  | 65-0301612   | <del>)                                    </del> | ot Applicable |
| Sulte, Apt. #, etc.   |   | Suite, Apt. #, etc.  |                           |  |  | 60.75  |               |
| 22  |   | 27   |                           | Certificate of Status Desired          | Fee Re   | equired  |               |
| City & State  |   | City & State   |                           | 6. Election Campaign Financing         | \$5.00   | May Be   |               |
| 23  |   | 28   |                           |  | Trust Fund Contribution  | Added t  | lo Fees       |
| Zip   | Country   | Zip  | Country                   | ,                                      | 8. This corporation owes or has pai                            |  | ' '           |
| 24  | 9. Name and Address of Curre                      | 29 29 Agent  | 30                        | ······································ | Personal Property Tax due June  10. Name and Address of New Re | .: <u></u>                                       | ] No          |
| ည်တ   | HY-LOLA THOM 08                                   | COZA BOHA  | 81                        | Name                                   | 10, Humo and Address of How Ho                                 | graterou Agent                                   |               |
|   | NO. HIBISCUS DR.                                  | , we will be   | 7                         |  |  | <del> </del>                                     |               |
| MIAMI BEACH FL 33139  |   |  | 1 82                      | Street Add                             | ress (P.O. Box Number is Not Acceptab                          | le)  |               |
| •   | 52 (5) ( ) 2 (5) (5)                              | THE MAN  | <b>1</b> 83               |  |  |  |               |
|   |   | The state of the s | 0 / 84                    | City                                   |  | Last act   |               |
|   |   | 7. 0   | 64                        | City                                   |  | FL  85   Zip (                                   | Code          |
| 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 ag |  |                           | ent signature requi                    | red when reinstating)  | DATE   |               |
| 12.   | OFFICERS AN                                       | D DIRECTORS  | 13.                       |  | ADDITIONS/CHANGES TO OFFIC                                     |  |               |
| TITLE   | MILLER, B. E                                      | ☐ DELETÉ   | 1.1 TOYLE                 |  |  | Change   | Addition      |
| NAME  | 5900 S.W. 73RD ST., SUITE                         | 909  | 1.2 NAME                  |  |  |  |               |
| STREET ADDRESS  | MIAMI FL  | 303  | 1.3 STREET                |  |  |  |               |
| CITY-ST-ZIP<br>TITLE  | DVPS  | DELETE   | 14 CITY - S<br>21 TITLE   | 1-212                                  |  | Change   | Addition      |
| NAME  | THOMAS, MICHAEL L                                 |  | 2.2 NAME                  | ,                                      |  | Sittings   |               |
| STREET ADDRESS  | 77 NORTH HIBISCUS DRIVE                           |  | 2 3 STREET ADDRESS        |  |  |  |               |
| CITY-ST-ZIP   | MIAMI BEACH FL                                    |  | 2 4 CITY-                 |  |  |  |               |
| TITLE   | DVP DELETE  |  | 3.1 TITLE                 |  |  | Change   | Addition      |
| NAME  | THOMAS, MICHAEL L.                                |  | 3.2 NAME                  |  |  |  |               |
| STREET ADDRESS  | 77 NO. HIBISCUS DR.                               |  | 3.3 STREET                | ADDRESS                                |  |  |               |
| CITY-ST-ZIP   | MIAMI BEACH FL                                    |  | 3.4. CITY-                | ST-ZIP                                 |  |  |               |
| TITLE   |   | ☐ DELETE   | 4.1 TITLE                 |  |  | Change   | Addition      |
| NAME  |   | •  | 4. 2 NAME                 |  |  |  |               |
| STREET ADDRESS  |   |  | 4.3 STREET                | ADDRESS                                |  |  | !             |
| CITY-ST-ZIP   |   | T beiere   | 4.4 CITY - S              | T-ZIP                                  |  |  |               |
| TITLE   |   | ☐ DELETE   | 5.1 TITLE                 |  |  | ☐ Change   | Addition      |
| NAME  |   |  | 5.2 NAME                  | 4000000                                |  |  |               |
| STREET ADDRESS  |   |  | 5.3 STREET                | · I                                    |  |  |               |
| CITY-ST-ZIP<br>TITLE  |   | DELETE   | 5.4 CITY - S<br>6.1 TITLE | 1-214                                  |  | Change   | Addition      |
| NAME  |   | _ OLLLIE   | 6.1 HILE<br>6.2 NAME      |  |  | L Criange  |               |
| STREET ADDRESS  |   |  | 6.3 STREET                | ADDRESS                                |  |  | 1             |
| CITY-ST-ZIP   |   |  | 6.4 CITY - S              |  |  |  | j             |
| <b>14.</b> I do hereb   | y certify that the information supplie            | d with this filing does not qualit   | fy for the exe            | mption states                          | d in Section 119.07(3)(i), Florida Statutes                    | s. 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.                    |   |  |                           |  |  |  |               |