SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996 AMOUNT DUE ON DR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # (2)STERLING INDUSTRIES II, INC. Principal Place of Business Mailing Address 2221-C N FORSYTH RD 2221-C N FORSYTH RD ORLANDO FL ORLANDO FL 3. Date Incorporated or Qualified 3a. Date of Last Report 12/30/1991 06/22/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-3104561 Not Applicable Suite Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired \Box 22 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees ZiD Country Z_{10} Country 8. This corporation has liability for intangible tax under s 199 032 Florida Statutes Yes No 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LADAK, ZULFIKAR 2221-C N FORSYTH RD 82 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 83 84 City 85 Zip Code Pursuant to the provisions of Sections 607 0502 and 607 1508. Finnida Statules, 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 and title if applicable (NOTE: Registered Agent signature required when relistating) 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (36/8)THILE DELETE 1 1 THELE ___ Change ___ Addition NAME LADAK, ZULFIKAR 1.2 NAME CR2E034 STREET ADDRESS 152 BRIDGEVIEW CT 1.3 STREET ADDRESS LONGWOOD FL CITY - ST - ZIP 1.4 CITY - ST - ZIP TITLE DELETE 2.1 Title Change Addition NAME VILA. EDWARD R 2.2 NAME STREET ADDRESS 5271 MIDDLE CT 2.3 STREET ADDRESS ORLANDO FL CITY-ST-ZIP 2 4 CITY - ST - ZIP TITLE DELETE 3.1.7/TLE Change Add tion NAME RADDICK, MICHAEL G 3.2 NAME 9674 KILGURE RD STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP ORLANDO FL 3.4 CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4 4 CITY - ST - ZIP TITLE DELETE 5.1 TITLE Change Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 OTY - ST- ZIP TITLE DELETE 6.1 TITLE Change ____ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6 4 CITY - ST - 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 617, Florida Statutes, and that my name appears in Block 12 or Sport 1 if shaped, or other parameters with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR