FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT **CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V02928

STERLING INDUSTRIES II, INC.

FILED	
May 07 1997 8:00an	n
Secretary of State	

Principal Place	e of Business	Mailing Addr	ess			T TO DIT OFFICE ADVANCED TO THE STREET OFFI	i Brefi Bidii 21811 Eist	1 840 (1 B19) (189)
2221-C N FORS ORLANDO FL	YTH RD	2221-C N FOR ORLANDO FL				1		
			_			3. Date Incorporated or Qualified 12/30/1991	3a. Date of L 08/06/19	'
	lace of Business	2a. Mailing A	ddress			4. FEI Number		Applied For
21		26				59-3104561		Not Applicable
Suite, Apt.		Suite, Apt	l. #, etc.			5. Cortificate of Status Desired		.75 Additional ee Required
City & State	9	City & Sta	ite			Election Campaign Financing Trust Fund Contribution		.00 May Be
Zip	Country	Zip		Country	<i>y</i>	8. This corporation has liability for		
24	25	29	30			Florida Statutes	Yes No	,
	9, Name and Address of Curr	rent Registered Age	nt			10. Name and Address of New Ro	gistered Agent	
LAD/	VK, ZULFIKAR			81	Name	•		
2221	-C n forsyth RD Ando FL			82	Strect	Address (P.O. Box Number is Not Accepta	ble)	
ORD	NIDO FL			63	ļ			
				84	City		E 85	Zip Code
11 Degravant	to the provisions of Postions 607.6	1602 and 607 1600 to	Iorida Ctatutas A	20.055	l names	Corporation or demits this statement for the	FL ⁶⁵	ping ito registers
office or r	egistered agent, or both, in the Sta	ate of Florida. Such cl	hange was autho	ne abov xized b	y the cor	d corporation submits this statement for the poration's board of directors. I hereby acce	purpose of chang pt the appointme	and as registered
· ·	m familiar with, and accept the ob	ligations of, Section 6	607.0505, Florida	Statute	S.			
SIGNATURE	Signature, typed or printed name of registered	norm and tills if armicable	(NOTE: Flora	Daretsi	ent signatur	o required when reinstating)	DATE	
12.		AND DIRECTORS		13.	en signato	ADDITIONS/CHANGES TO OFFI		CTORS IN 12
TITLE	D			1.1 HILE			Ch	·
NAME	LADAK, ZULFIKAR			1.2 NAME				
STREET ADDRESS	152 BRIDGEVIEW CT			1.3 STRECT	T ADDRESS			
CITY-ST-ZIP	LONGWOOD FL			1.4 CITY-5	ST-ZIP			
TITLE	D			2 1 TITLE			Ch	ange Addition
NAME	VILA, EOWARD R			2.2 NAME				ļ
STREET ADDRESS	5271 MIDDLE CT]	2.3 STREE	T ADDRESS			Ì
CITY-ST-ZIP	ORLANDO FL			2. 4 CITY-	ST-ZiP			
TITLE	D		DELETE	3.1 111LF			Ch	ange 🔲 Addition
NAME:	RADDICK, MICHAEL G		ŀ	3.2 NAME				
STREET ADDRESS	9674 KILGURE RD			3.3 STHEET	address			
CITY-ST-ZIP	ORLANDO FL			3.4. CITY -	S1-21P			
TITL€			DELETE	4.1 TITLE			☐ Ch	ange 🔲 Addition
NAME				4. 2 NAME				
STREET ADDRESS				4.3 STREE	T ADDRESS			
City-St-Zip				4.4 CITY- S	ST - ZIP		· · · · · · · · · · · · · · · · · · ·	
TITLE		L		5.1 TITLE			☐ Ch	ange 🔲 Addition
NAME				5.2 NAME				
STREET ADDRESS					T ADDRESS			
CITY-ST-ZIP				5.4 CITY-1	ST-7IP			2000
TITLE		L	1	61 TITLE			☐ Ch	ange 🔲 Addition
NAME				6.2 NAME				
STREET ADDRESS					i address			
City-St-ZiP	by cartify that the information supp	lied with this filing do		6.4 CITY - 9		stated in Section 119.07(3)(i). Florida Statul	es I further certif	v that the

I do hereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(1), Florida Statutes. I turther 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 changes or on an attachment with an address.