**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90094 039 \*\*\*150.00

## DOCUMENT # V02928

| 1. Corporation Name STERLING INDUSTRIES II, INC.  | 20                                       |            |     |  |   |  |  |  |  |
|---|--|------------|-----|--|---|--|--|--|--|
| Principal Place of Business   | Mailing Address                          |            |     |  |   |  |  |  |  |
| 2221-C N FORSYTH RD ORLANDO FL  | 2221-C N FORSYTH RD<br>ORLANDO FL        |            |     | DO NOT WRITE IN THIS SPACE   | DO NOT WRITE IN THIS SPACE                  |  |  |  |  |
| !   |  |            |     | 3. Date Incorporated or Qualifed 12/30/1991  | <b>-</b>                                    |  |  |  |  |
| 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.                      |            |     | 1 E Cortifonto of Status Desired 1 1 7   | <b>75</b> Additional e Required             |  |  |  |  |
| City & State———   | City & State                             | <b>.</b> . |     |  | <b>00</b> -May Be≏<br>led to Fees           |  |  |  |  |
| Zip Country   | Zip (30)                                 | Countr     | у   | This corporation owes the current year Intangible     Personal Property Tax.      Yes  | □No   |  |  |  |  |
| 9. Name and Address of Current Registered Agent   |  |            | _   | 10. Name and Address of New Registered Agent   |   |  |  |  |  |
| LADAK, ZULFIKAR   |  | 8          |     | Name   |   |  |  |  |  |
| 2221-C N FORSYTH RD   |  |            | 2   | Street Address (P.O. Box Number is Not Acceptable)   | Address (P.O. Box Number is Not Acceptable) |  |  |  |  |
| ORLANDO FL  |  | 8          | 3   |  |   |  |  |  |  |
| 1 -   | *  | 8          |     | FL   _   | Zip Code                                    |  |  |  |  |
| Pursuant to the provisions of Sections 60 office or registered agent, or both, in the sagent. I am familiar with, and accept the company of the company | State of Florida, Such change was author | ized b     | γl  | -named corporation submits this statement for the purpose of changin<br>he corporation's board of directors. I hereby accept the appointment a | g its registered<br>is registered           |  |  |  |  |
| SIGNATURE   | A LOTE D                                 |            |     | signature required when reinstating) DATE  |   |  |  |  |  |
| Signature, typed or printed name of register  |  | tered Ag   | ent | ADDITIONOGUANCES TO OFFICERS AND DIDE  | CTODE IN 12                                 |  |  |  |  |

| SIGNATURE Stanature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE |                        |                    |                                   |          |            |  |  |  |  |  |
|--|------------------------|--------------------|-----------------------------------|----------|------------|--|--|--|--|--|
| 12.  | OFFICERS AND DIRECTORS | 13.                | ADDITIONS/CHANGES TO OFFICERS AND | DIRECTOR | S IN 12    |  |  |  |  |  |
| TITLE  | D DELETE               | 1.1 TITLE          | -                                 | Change   | ☐ Addition |  |  |  |  |  |
| NAME .   | LADAK, ZULFIKAR        | 1.2 NAME           |                                   |          |            |  |  |  |  |  |
| STREET ADDRESS   | 152 BRIDGEVIEW CT      | 1.3 STREET ADDRESS |                                   | •        |            |  |  |  |  |  |
| CITY-ST-ZIP  | LONGWOOD FL            | 1.4 CITY-ST-ZIP    |                                   |          |            |  |  |  |  |  |
| TITLE  | D DELETE               | 2.1 TITLE          | ٠ [                               | ☐ Change | Addition   |  |  |  |  |  |
| NAME   | VILA, EDWARD R         | 2.2 NAME           |                                   |          |            |  |  |  |  |  |
| STREET ADDRESS   | 5271 MIDDLE CT         | 2.3 STREET ADDRESS |                                   |          | }          |  |  |  |  |  |
| CITY-ST-ZIP+   | ORLANDO FL             | 2.4 CITY-ST-ZIP    |                                   | <u> </u> |            |  |  |  |  |  |
| TITLE  | D DELETE               | 3.1 TITLE          |                                   | Change   | ☐ Addition |  |  |  |  |  |
| NAME .   | RADDICK, MICHAEL G     | 3.2 NAME           |                                   |          | ĺ          |  |  |  |  |  |
| STREET ADDRESS   | 9674 KILGURE RD        | 3.3 STREET ADDRESS |                                   |          |            |  |  |  |  |  |
| C/TY-ST-Z/P  | ORLANDO FL             | 3.4. CITY-ST-ZIP   |                                   |          |            |  |  |  |  |  |
| TITLE '  | DELETE                 | 4.1 TITLE          |                                   | Change   | Addition   |  |  |  |  |  |
| NAME   | 1                      | 4. 2 NAME          |                                   |          |            |  |  |  |  |  |
| STREET ADDRESS   |                        | 4.3 STREET ADDRESS |                                   |          |            |  |  |  |  |  |
| CITY-ST-ZIP  | <u></u>                | 4.4 CITY-ST-ZIP    |                                   | = -      |            |  |  |  |  |  |
| TITLE '  | - 2 = m DELETE         | 5.1 TiTLE          | ŧ                                 | Change   | ☐ Addition |  |  |  |  |  |
| NAME   |                        | 5.2 NAME           |                                   |          |            |  |  |  |  |  |
| STREET ADDRESS   | · va                   | 5.3 STREET ADDRESS |                                   |          |            |  |  |  |  |  |
| CITY-ST-ZIP1   |                        | 5.4 CITY-ST-ZIP    |                                   | Change   | - Addition |  |  |  |  |  |
| TITLE '  | ☐ DELETE               | 6.1 TITLE          | _ \                               | Change   | Addition   |  |  |  |  |  |
| NAME   |                        | 6.2 NAME           | ·                                 |          | ł          |  |  |  |  |  |
| STREET ADDRESS   |                        | 6.3 STREET ADDRESS |                                   |          |            |  |  |  |  |  |
| CITY, ST. ZID  | •                      | 6.4 CITY-ST-ZIP    |                                   |          |            |  |  |  |  |  |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

SIGNAN SIGNING OFFICER OR DIRECTOR