

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

FILED

Apr 13 1998 8:00am
Secretary of State

| | | |
|---|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **V62081** (7)
1. Corporation Name
STERLING INVENTIONS, INC.



Principal Place of Business
**212 SWEETWATER CREEK DR EAST
LONGWOOD FL 32779**

Mailing Address
**329 SABAL PARK PL
107
LONGWOOD FL 32779
US**

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 2. Principal Place of Business 21 6908 SYLVAN WOODS DRIVE SANFORD, FLORIDA 32771 Suite, Apt. #, etc. | 2a. Mailing Address 26 6908 SYLVAN WOODS DRIVE SANFORD, FLORIDA 32771 Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip Country | 28 Zip Country |
| 24 | 29 |
| 25 | 30 |

| | |
|---|---|
| 3. Date Incorporated or Qualified 09/08/1992 | Applied For Not Applicable |
| 4. FEI Number 59-3144075 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

**STOKES, BERYL N III
1035 W. DIXIE AVENUE
LEESBURG FL 34748**

10. Name and Address of New Registered Agent

| | |
|---|-------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | FL |

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 agent and fee, if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | BERDET, CHARLES | |
| STREET ADDRESS | 212 SWEETWATER CREEK DR | |
| CITY-ST-ZIP | LONGWOOD FL 32779 | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | BERDET, SUSAN | |
| STREET ADDRESS | 212 SWEETWATER CREEK DR., E | |
| CITY-ST-ZIP | LONGWOOD FL 32779 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | BERDET, ALISON | |
| STREET ADDRESS | 212 SWEETWATER CREEK DR., E | |
| CITY-ST-ZIP | LONGWOOD FL 32779 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|---------------------------------------|--|
| 1.1 TITLE | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | BERDET, CHARLES | |
| 1.3 STREET ADDRESS | 6908 SYLVAN WOODS DRIVE | |
| 1.4 CITY-ST-ZIP | SANFORD, FLORIDA 32771 | |
| 2.1 TITLE | V | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | BERDET SUSAN | |
| 2.3 STREET ADDRESS | 6908 SYLVAN WOODS DRIVE | |
| 2.4 CITY-ST-ZIP | SANFORD, FLORIDA 32771 | |
| 3.1 TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | BERDET ALISON | |
| 3.3 STREET ADDRESS | 672 JAMESTOWN BLVD. # 2322 | |
| 3.4 CITY-ST-ZIP | ALHAMBRA SPRINGS FLORIDA 32714 | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 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.

CR2E034 (10/97)