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**Apr 23 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M84297 (4)

1. Corporation Name
STERLING CAREER CONSULTANTS, INC.



Principal Place of Business
**2240 PALM BEACH LAKES BLVD.
SUITE 101
WEST PALM BCH. FL 33409
US**

Mailing Address
**2240 PALM BEACH LAKES BLVD.
SUITE 101
WEST PALM BCH. FL 33409-3403
US**

3. Date Incorporated or Qualified
05/31/1988

3a. Date of Last Report
05/01/1996

4. FEI Number
65-0056759

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite/Apt. #, etc
#100

26 Suite/Apt. #, etc
#100

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

**DUCHENE, YVONNE
3894 BROOKLYN LANE
LAKE WORTH FL 33461**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code **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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME **P DUCHENE, YVONNE**

STREET ADDRESS **3894 BROOKLYN LANE**

CITY - ST - ZIP **LAKE WORTH FL**

TITLE DELETE

NAME **T BULOS, VICTOR**

STREET ADDRESS **1128 SUMMIT TRAILS CIR. #D**

CITY - ST - ZIP **WEST PALM BEACH FL**

TITLE DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do 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.

SIGNATURE: *Yvonne L. Duchene, President* **4/16/97** **561.689.8530**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **YVONNE L. DUCHENE, PRESIDENT** Date: _____ Daytime Phone # _____

CR2E034 (9/96)