

**FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

FILED

97 DEC 30 AM 10: 05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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<b>1.</b> Name of Limited Partnership	<b>1a.</b> DOCUMENT # <b>A96000000892</b>
<b>STILES HOLDINGS AND INVESTMENT PARTNERSHIP, LTD.</b>	



<b>2.</b> Mailing Address 6400 NORTH ANDREWS AVENUE FORT LAUDERDALE FL 33309	<b>2a.</b> Principal Office Address 6400 NORTH ANDREWS AVENUE FORT LAUDERDALE FL 33309	<b>3.</b> Date Formed or Registered 05/10/1996	<b>5a.</b> Capital Contributions as Shown on record.  \$5,000.00
		<b>3a.</b> Date of Last Report 12/31/1996	<b>5b.</b> Amount of Capital Contributions in FLORIDA to date:  \$698,292.00
		<b>4.</b> State or Country of Formation FL	
<b>2.</b> Mailing Address Suite, Apt. #, etc. City & State Zip Country	<b>2a.</b> Principal Office Address Suite, Apt. #, etc. City & State Zip Country	<b>6.</b> FEI Number 65-0670167	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		<b>7.</b> Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
<b>8.</b> Make check payable to: Dept. of State (See reverse side for fee information)			

*98-AR  
CM*

<b>9.</b> Name and Address of Current Registered Agent  DUKE, BRYAN W ESQUIRE 6400 NORTH ANDREWS AVENUE FORT LAUDERDALE FL 33309	<b>10.</b> If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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**10a.** Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) \_\_\_\_\_ DATE \_\_\_\_\_

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
STILES HOLDINGS AND INVESTME	6400 NORTH ANDREWS AV	FORT LAUDERDALE FL 33	P96000040296
			400002394704--3 -01/08/98--01110--009 ****541.25 ****541.25

**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

**12.** 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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE *Terry W. Stiles* DATE 12/15/97

Typed or Printed Name of General Partner Signing Form **TERRY W. STILES** Daytime Telephone Number 954/776-9300

CP-2E003 (6/97)