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FILED
May 12 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 # K19000 (4)

1. Corporation Name

STILES CORPORATION

Principal Place of Business

6400 N. ANDREWS AVE.
FORT LAUDERDALE FL 33309

Mailing Address

6400 N. ANDREWS AVE.
FORT LAUDERDALE FL 33309-2172

3. Date Incorporated or Qualified
03/24/1988

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number

65-0036314

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DUKE, BRYAN W.
C/O STILES CORPORATION
6400 N ANDREWS AVE
FT LAUDERDALE FL 33309

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/14/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CD	<input type="checkbox"/> DELETE
NAME	STILES, TERRY W.	
STREET ADDRESS	6400 N ANDREWS AVE	
CITY - ST - ZIP	FT LAUDERDALE FL 33309	
TITLE	PT	<input type="checkbox"/> DELETE
NAME	EAGON, DOUGLAS P	
STREET ADDRESS	6400 N. ANDREWS AVE.	
CITY - ST - ZIP	FORT LAUDERDALE FL 33309	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	PALMER, STEPHEN R	
STREET ADDRESS	6400 N. ANDREWS AVE.	
CITY - ST - ZIP	FORT LAUDERDALE FL 33309	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	SCHEGEL, PATRICIA J	
STREET ADDRESS	6400 N. ANDREWS AVE.	
CITY - ST - ZIP	FORT LAUDERDALE FL 33309	
TITLE	V	<input type="checkbox"/> DELETE
NAME	STINE, JAMES W.	
STREET ADDRESS	6400 N. ANDREWS AVE.	
CITY - ST - ZIP	FORT LAUDERDALE FL 33309	
TITLE	V	<input type="checkbox"/> DELETE
NAME	COFFEY, KEVIN	
STREET ADDRESS	6400 N. ANDREWS AVE.	
CITY - ST - ZIP	FORT LAUDERDALE FL 33309	

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	VS
43 STREET ADDRESS	SCHLEGEL PATRICIA J.
44 CITY - ST - ZIP	6400 N. ANDREWS AVE. FORT LAUDERDALE, FL 33309
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	Duke, Bryan W.
63 STREET ADDRESS	6400 N. Andrews Ave.
64 CITY - ST - ZIP	Fort Lauderdale, FL 33309

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)