


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90523 021 ***150.00

DOCUMENT # K19000		
1. Entity Name STILES CORPORATION		

Principal Place of Business 300 SE 2ND STREET FORT LAUDERDALE, FL 33301	Mailing Address 300 SE 2ND STREET FORT LAUDERDALE, FL 33301
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

50045680



01062005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0036314		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
JONES, PATRICIA C/O STILES CORP 300 SE 2ND STREET FORT LAUDERDALE, FL 33301		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		Zip Code FL	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD STILES, TERRY W. 300 SE 2ND STREET FORT LAUDERDALE, FL 33301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT EAGON, DOUGLAS P 300 SE 2ND STREET FORT LAUDERDALE, FL 33301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PALMER, STEPHEN R 300 SE 2ND STREET FORT LAUDERDALE, FL 33301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS JONES, PATRICIA J 300 SE 2ND STREET FORT LAUDERDALE, FL 33301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SHERIDAN, BARBARA 300 SE 2ND STREET FORT LAUDERDALE, FL 33301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FERRERA, ROCCO 300 SE 2ND STREET FORT LAUDERDALE, FL 33301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Terry W. Stiles Terry W. Stiles 4/20/05 954-627-9300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

UNIFORM BUSINESS REPORT

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10. CONTINUATION OF 10. (all previously listed with the State)

TITLE: V
NAME: O'SHEA, DENNIS F.
STREET ADDRESS: 300 SE 2nd St.
CITY-ST-ZIP: Ft. Lauderdale, FL 33301

TITLE: V
NAME: MOORE, O. TIMOTHY
STREET ADDRESS: 300 SE 2nd St.
CITY-ST-ZIP: Ft. Lauderdale, FL 33301

TITLE: V
NAME: KATES, THOMAS
STREET ADDRESS: 300 SE 2nd St.
CITY-ST-ZIP: Ft. Lauderdale, FL 33301

TITLE: V
NAME: PEAL, JEFFREY
STREET ADDRESS: 300 SE 2nd St.
CITY-ST-ZIP: Ft. Lauderdale, FL 33301

TITLE: V
NAME: ESPOSITO, ROBERT
STREET ADDRESS: 300 SE 2nd St.
CITY-ST-ZIP: Ft. Lauderdale, FL 33301

TITLE: V
NAME: COUNTRYMAN, JANET
STREET ADDRESS: 300 SE 2nd St.
CITY-ST-ZIP: Ft. Lauderdale, FL 33301

TITLE: V
NAME: SPAUGH, LYNN
STREET ADDRESS: 300 SE 2nd St.

TITLE: V
NAME: BRESLAU, ROBERT
STREET ADDRESS: 300 SE 2nd St.
CITY-ST-ZIP: Ft. Lauderdale, FL 33301

TITLE: V
NAME: NANCY BRUSHER
STREET ADDRESS: 300 SE 2nd St.
CITY-ST-ZIP: Ft. Lauderdale, FL 33301

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TITLE:
NAME: WINSETT T., DONALD
STREET ADDRESS: 300 SE 2nd St.
CITY-ST-ZIP: Ft. Lauderdale, FL 33301

TITLE:
NAME: Assistant Secretary
STREET ADDRESS: FLOREK, DONNA
CITY-ST-ZIP: 300 SE 2nd St.
Ft. Lauderdale, FL 33301

ATTACHMENT

UNIFORM BUSINESS REPORT

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11.

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

V
ROTOLO, CHRIS M.
300 SE 2nd St.
Ft. Lauderdale, FL 33301

Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

V
BOUÉ, GEORGE
300 SE 2nd St.
Ft. Lauderdale, FL 33301

Addition