

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000022658 (5)**

1. Corporation Name
STILES VIZCAYA SQUARE, INC.



400001812604
-05/08/96--01011--025
***200.00

Principal Place of Business: **6400 N. ANDREWS AVE. FT. LAUDERDALE FL 33309**
Mailing Address: **6400 N. ANDREWS AVE. FT. LAUDERDALE FL 33309**

3. Date incorporated or Qualified 03/21/1995	3a. Date of Last Report
4. FEI Number 65-0572585	Applied For Not Applicable
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 has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
23. City & State	27. City & State
24. Zip	28. Zip
25. Country	29. Country
29. Zip	30. Country

9. Name and Address of Current Registered Agent
**GRAGG, K. LAWRENCE
200 S. BISCAYNE BLVD.
SUITE 4900
MIAMI FL 33131**

10. Name and Address of New Registered Agent
81 Name: **Duke, Bryan W.**
82 Street Address (P.O. Box Number is Not Acceptable): **6400 N. Andrews Avenue**
83 **5th Floor**
84 City: **Ft. Lauderdale** FL 85 Zip Code: **33309**

11. Pursuant to the provisions of Sections 607.0532 and 607.1506, 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]* DATE: **1/26/96**

12. OFFICERS AND DIRECTORS	
TITLE: D	<input type="checkbox"/> DELETE
NAME: STILES, TERRY W	
STREET ADDRESS: 6400 N. ANDREWS AVE.	
CITY-ST-ZIP: FT. LAUDERDALE FL 33309	
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:	
TITLE:	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DP Stiles, Terry W.
1.3 STREET ADDRESS	6400 N. Andrews Ave.
1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33309
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	VT Eagon, Douglas P
2.3 STREET ADDRESS	6400 N. Andrews Ave.
2.4 CITY-ST-ZIP	Ft. Lauderdale FL 33309
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	V Palmer, Stephen R.
3.3 STREET ADDRESS	6400 N. Andrews Ave.
3.4 CITY-ST-ZIP	Ft. Lauderdale FL 33309
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	V-S Schlegel, Patricia J.
4.3 STREET ADDRESS	6400 N. Andrews Ave -
4.4 CITY-ST-ZIP	Ft. Lauderdale FL 33309
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	V Stine, James W
5.3 STREET ADDRESS	(same address)
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	V Coffey, Kevin
6.3 STREET ADDRESS	(same address)
6.4 CITY-ST-ZIP	
7.1 TITLE	<input checked="" type="checkbox"/> Addition
7.2 NAME	V Duke, Bryan W. (same address)
7.3 STREET ADDRESS	
7.4 CITY-ST-ZIP	

14. 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 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 attached page, if an address.

SIGNATURE: *[Signature]* DATE: **5/1/96** DAYTIME PHONE # **5196**

CR2E034 (12/95)