

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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 # P96000043595 (3)

1. Corporation Name
STILES THIRD AVENUE, INC.



Principal Place of Business
6400 N. ANDREWS AVE.
FT. LAUDERDALE FL 33309

Mailing Address
6400 N. ANDREWS AVE.
FT. LAUDERDALE FL 33309-2172

3. Date Incorporated or Qualified 05/22/1996	3a. Date of Last Report
4. FEI Number 65-0669328	Applied For <input type="checkbox"/> 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	

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

9. Name and Address of Current Registered Agent

GRAGG, K. LAWRENCE
WHITE & CASE
200 S. BISCAYNE BLVD., STE. 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 Ave.
83
84 City Ft. Lauderdale FL 85 Zip Code 33309

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 _____ DATE 4/14/97
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	P	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	Stiles, Terry W.		
1.3 STREET ADDRESS	6400 N. Andrews Ave.		
1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33309		
2.1 TITLE	VT	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	Eagon, Douglas P.		
2.3 STREET ADDRESS	above		
2.4 CITY-ST-ZIP			
3.1 TITLE	V	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	Palmer, Stephen R.		
3.3 STREET ADDRESS	above		
3.4 CITY-ST-ZIP			
4.1 TITLE	V	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.2 NAME	Stine, James W.		
4.3 STREET ADDRESS	above		
4.4 CITY-ST-ZIP			
5.1 TITLE	V	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.2 NAME	Coffey, Kevin		
5.3 STREET ADDRESS	above		
5.4 CITY-ST-ZIP			
6.1 TITLE	V.S	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.2 NAME	Schlegel, Patricia J.		
6.3 STREET ADDRESS	above		
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: _____ DATE _____ DAYTIME PHONE # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)