


**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90204 013 \*\*\*150.00

**DOCUMENT # P96000043595**

1. Entity Name  
**STILES THIRD AVENUE, INC.**



Principal Place of Business      Mailing Address

**300 SE 2ND STREET  
 FORT LAUDERDALE FL 33301**      **300 SE 2ND STREET  
 FORT LAUDERDALE FL 33301**

**24068738**



MOORE      CR2E034 (11/03)

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For

**65-0669328**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**JONES, PATRICIA  
 C/O STILES CORPORATION  
 300 SE 2ND STREET  
 FORT LAUDERDALE FL 33301**

**7. Name and Address of New Registered Agent**

Name

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

City      **FL**      Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	DP	<input type="checkbox"/> Delete
NAME	STILES, TERRY W	
STREET ADDRESS	300 SE 2ND STREET	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
TITLE	VT	<input type="checkbox"/> Delete
NAME	EAGON, DOUGLAS P	
STREET ADDRESS	300 SE 2ND STREET	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
TITLE	V	<input type="checkbox"/> Delete
NAME	PALMER, STEPHEN R	
STREET ADDRESS	300 SE 2ND STREET	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
TITLE	V	<input type="checkbox"/> Delete
NAME	STINE, JAMES W	
STREET ADDRESS	300 SE 2ND STREET	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
TITLE	V	<input type="checkbox"/> Delete
NAME	FERRERA, ROCCO	
STREET ADDRESS	300 SE 2ND STREET	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
TITLE	VS	<input type="checkbox"/> Delete
NAME	JONES, PATRICIA	
STREET ADDRESS	300 SE 2ND STREET	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:** *Rocco Ferrera*      **4/19/04**      **954-627-9300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

*Attachment*

*241068738*

UNIFORM BUSINESS REPORT

*# P96000 043595*

11. CONTINUED

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

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