


**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP, . . . ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra Morham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership STILES SILVER, LTD.		1a. DOCUMENT # A95000002017	
Mailing Address 6400 NORTH ANDREWS AVENUE FORT LAUDERDALE FL 33309		Principal Office Address 6400 NORTH ANDREWS AVENUE FORT LAUDERDALE FL 33309	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country	
3. Date Formed or Registered 12/22/1995		5a. Capital Contributions as Shown on record. S.A. 782.39 Filed 2-7-97	
3a. Date of Last Report 12/28/1995		5b. Amount of Capital Contributions in FLORIDA to date. \$782.39	
4. State or Country of Formation FL		6. FEI Number APPLIED FOR 65-0633600	
7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		8. Make check payable to: Dept. of State (See reverse side for fee information)	

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

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9. Name and Address of Current Registered Agent DUKE, BRYAN W ESQ. 6400 NORTH ANDREWS AVENUE FORT LAUDERDALE FL 33309		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
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10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s) STILES SILVER, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 6400 NORTH ANDREWS AV	11b. City, State & Zip Code FORT LAUDERDALE FL 33	11c. Registration/Document Number P95000098813 400002085304--6 -02/12/97--01080--001 ****191.25 ****191.25
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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. 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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE _____ DATE 12-30-96

Typed or Printed Name of General Partner Signing Form BRYAN W. DUKE, VICE PRESIDENT Daytime Telephone Number (954) 776-9300

CR2E003 (6/96)