

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

**DOCUMENT # K19000 (4)**

1. Corporation Name  
**STILES CORPORATION**

95 MAY -1 AM 9:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		03/24/1988	05/01/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		65-0036314	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	6. The corporation has liability for intangible tax under S. 198.032, Florida Statutes	
24	25	29	30	<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>DUKE, BRYAN W. C/O STILES CORPORATION 6400 N ANDREWS AVE FT LAUDERDALE FL 33309</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 \_\_\_\_\_ Signature typed or printed name of registered agent and fee applicable (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STILES, TERRY W.	1.2 NAME	
STREET ADDRESS	6400 N ANDREWS AVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	FT LAUDERDALE FL	1.4 CITY - ST - ZIP	
TITLE	T	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, WILLIAM H.	2.2 NAME	Eason, Douglas P.
STREET ADDRESS	6400 N ANDREWS AVE	2.3 STREET ADDRESS	6400 N. Andrews Ave.
CITY - ST - ZIP	FT LAUDERDALE FL	2.4 CITY - ST - ZIP	Ft. Lauderdale FL
TITLE	DVS	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARDNER, RAYMOND G.	3.2 NAME	Palmer, Stephen R.
STREET ADDRESS	6400 N ANDREWS AVE	3.3 STREET ADDRESS	6400 N. Andrews Ave.
CITY - ST - ZIP	FT LAUDERDALE FL	3.4 CITY - ST - ZIP	Ft. Lauderdale FL
TITLE		4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	Schlegel, Patricia J.
STREET ADDRESS		4.3 STREET ADDRESS	6400 N Andrews Ave.
CITY - ST - ZIP		4.4 CITY - ST - ZIP	Ft Lauderdale FL
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	See attached sheet
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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 110.07(3)(b), 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 registered agent 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 of this report, or as an attachment with an opinion.

SIGNATURE: \_\_\_\_\_ Signature typed or printed name of signing officer or director Date \_\_\_\_\_ District Number \_\_\_\_\_

K19600

**Block 13 continued**

**Additions:**

Tim Moore - Vice President  
Tom Kates - Vice President  
Ken Simback - Vice President  
Robert Cole - Vice President  
Jeffry Peal - Vice President  
Michael Counselman - Vice President  
Mark Davidson - Vice President  
Robert Esposito - Vice President  
Janet Countryman - Vice President  
Jim Stine - Vice President  
Lynn Spaugh - Vice President  
Bryan Duke - Vice President