

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

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PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K19000** (4)

1. Corporation Name
STILES CORPORATION



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

3. Date Incorporated or Qualified: **03/24/1988**
3a. Date of Last Report: **05/01/1995**

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

4. FEI Number: **65-0036314**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**DUKE, BRYAN W.
C/O STILES CORPORATION
6400 N ANDREWS AVE
FT LAUDERDALE FL 33309**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box or Mailing Address): **800001812788
-05/08/96--01027--005**
B3: *****200.00**
B4 City: **FL** B5 Zip Code

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		DELETED
TITLE: DP	NAME: STILES, TERRY W.	<input type="checkbox"/>
STREET ADDRESS: 6400 N ANDREWS AVE	CITY-ST-ZIP: FT LAUDERDALE FL	
TITLE: T	NAME: EAGON, DOUGLAS P	<input type="checkbox"/>
STREET ADDRESS: 6400 N ANDREWS AVE	CITY-ST-ZIP: FT LAUDERDALE FL	
TITLE: VP	NAME: PALMER, STEPHEN R	<input type="checkbox"/>
STREET ADDRESS: 6400 N ANDREWS AVE	CITY-ST-ZIP: FT LAUDERDALE FL	
TITLE: S	NAME: SCHEGEL, PATRICIA J	<input type="checkbox"/>
STREET ADDRESS: 6400 N ANDREWS AVE	CITY-ST-ZIP: FT LAUDERDALE FL	
TITLE: [Blank]	NAME: [Blank]	<input type="checkbox"/>
STREET ADDRESS: [Blank]	CITY-ST-ZIP: [Blank]	
TITLE: [Blank]	NAME: [Blank]	<input type="checkbox"/>
STREET ADDRESS: [Blank]	CITY-ST-ZIP: [Blank]	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE: C/O	NAME: STILES, TERRY W.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME: (same address)	1.3 STREET ADDRESS:		
1.4 CITY-ST-ZIP:	2.1 TITLE: PT	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME: EAGON, DOUGLAS P.	2.3 STREET ADDRESS: (same address)		
2.4 CITY-ST-ZIP:	3.1 TITLE:	<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME:	3.3 STREET ADDRESS:		
3.4 CITY-ST-ZIP:	4.1 TITLE: VS	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 NAME: Schlegel, Patricia J.	4.3 STREET ADDRESS: (same address)		
4.4 CITY-ST-ZIP:	5.1 TITLE: V	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.2 NAME: Stine, James W.	5.3 STREET ADDRESS: (same address)		
5.4 CITY-ST-ZIP:	6.1 TITLE: V	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.2 NAME: Coffey, Kevin	6.3 STREET ADDRESS: (same address)		
6.4 CITY-ST-ZIP:	7.1 TITLE: V	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7.2 NAME: Duke, Bryan W.	7.3 STREET ADDRESS: (same address)		
7.4 CITY-ST-ZIP:	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 119.073(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 person 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: Terry W. Stiles 5/1/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (12/95)

K19000

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DOCUMENT # K19000 (continued)
STILES CORPORATION - ADDITIONAL OFFICERS
FEI #65-0036314
6400 N. ANDREWS AVENUE
FORT LAUDERDALE, FL 33309

V
MOORE, TIMOTHY Addition
6400 N. ANDREWS AVENUE
FT. LAUDERDALE, FL 33309

V
COUNSELMAN, MICHAEL Addition
(SAME ADDRESS)

V
PEAL, JEFFREY Addition
(SAME ADDRESS)

V
BAISDEN, VICKI Addition
(SAME ADDRESS)

DAVIDSON, MARK Addition
(SAME ADDRESS)

SPAUGH, LYNN Addition
(SAME ADDRESS)

V
COUNTRYMAN, JANET Addition
(SAME ADDRESS)

V
O'SHEA, DENNY Addition
(SAME ADDRESS)

V
KATES, THOMAS Addition
(SAME ADDRESS)

V
ESPOSITO, ROBERT Addition
(SAME ADDRESS)