

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

**FILED**  
**May 22 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

**DOCUMENT # K 19000 (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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/24/1988**

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 owes or has paid the current year Intangible Personal Property Tax due June 30:  Yes  No

2. Principal Place of Business:

21. Suite, Apt. #, etc.

22. City & State

23. Zip

24. Country

25. Country

26. Mailing Address:

26. Suite, Apt. #, etc.

27. City & State

28. Zip

29. Country

30. Country

9. Name and Address of Current Registered Agent

**DUKE, BRYAN W.**  
**c/o STILES CORPORATION**  
**6400 N. Andrews Ave.**  
**Fort Lauderdale, FL 33309**

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

85. Zip Code

**FL**

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: \_\_\_\_\_ (Type or Print Name of Signing Officer or Director)

DATE: \_\_\_\_\_ (Date)

12. OFFICERS AND DIRECTORS

TITLE	CEO D	<input type="checkbox"/> DELETE
NAME	STILES, TERRY W.	
STREET ADDRESS	6400 N. Andrews Ave.	
CITY-STATE-ZIP	Ft. Lauderdale, FL 33309	
TITLE	PT	<input type="checkbox"/> DELETE
NAME	EAGON, DOUGLAS P.	
STREET ADDRESS	6400 N. Andrews Ave.	
CITY-STATE-ZIP	Ft. Lauderdale, FL 33309	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	PALMER, STEPHEN R.	
STREET ADDRESS	6400 N. Andrews Ave.	
CITY-STATE-ZIP	Ft. Lauderdale, FL 33309	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	SCHLEGEL, PATRICIA J.	
STREET ADDRESS	6400 N. Andrews Ave.	
CITY-STATE-ZIP	Ft. Lauderdale, FL 33309	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	STINE, JAMES W.	
STREET ADDRESS	6400 N. Andrews Ave.	
CITY-STATE-ZIP	Ft. Lauderdale, FL 33309	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	COFFEY, KEVIN	
STREET ADDRESS	6400 N. Andrews Ave.	
CITY-STATE-ZIP	Fort Lauderdale, FL 33309	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	<b>VS</b>
43 STREET ADDRESS	<b>JONES, PATRICIA</b>
44 CITY-STATE-ZIP	<b>6400 N. Andrews Ave.</b>
51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	<b>V</b>
53 STREET ADDRESS	<b>SHERIDAN, BARBARA</b>
54 CITY-STATE-ZIP	<b>6400 N. Andrews Ave.</b>
61 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	<b>V</b>
63 STREET ADDRESS	<b>DUKE, BRYAN W.</b>
64 CITY-STATE-ZIP	<b>6400 N. Andrews Ave.</b>

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 \*\*\*150.00

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14. I hereby certify that the information supplied with this filing 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; and that I am authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this form as required by Chapter 607, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: **4/28/98** 954/776-9300

SIGNATURE AND TYPE OF OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/97)

**12. OFFICERS AND DIRECTORS CONTINUED**

pg 2 of 2

TITLE: V  
NAME: MOORE, TIMOTHY R.  
STREET ADDRESS: 6400 N. Andrews Ave.  
CITY - ST - ZIP: Ft. Lauderdale, FL 33309

TITLE: V  
NAME: KATES, THOMAS  
STREET ADDRESS: 6400 N. Andrews Ave.  
CITY - ST - ZIP: Ft. Lauderdale, FL 33309

TITLE: V  
NAME: O'SHEA, DENNIS F.  
STREET ADDRESS: 6400 N. Andrews Ave.  
CITY - ST - ZIP: Ft. Lauderdale, FL 33309

TITLE: V  
NAME: BAISDEN, VICKI  
STREET ADDRESS: 6400 N. Andrews Ave.  
CITY - ST - ZIP: Ft. Lauderdale, FL 33309

TITLE: V  
NAME: PEAL, JEFFREY  
STREET ADDRESS: 6400 N. Andrews Ave.  
CITY - ST - ZIP: Ft. Lauderdale, FL 33309

TITLE: V  
NAME: COUNSELMAN, MICHAEL  
STREET ADDRESS: 6400 N. Andrews Ave.  
CITY - ST - ZIP: Ft. Lauderdale, FL 33309

TITLE: V  
NAME: ESPOSITO, ROBERT  
STREET ADDRESS: 6400 N. Andrews Ave.  
CITY - ST - ZIP: Ft. Lauderdale, FL 33309

TITLE: V  
NAME: COUNTRYMAN, JANET  
STREET ADDRESS: 6400 N. Andrews Ave.  
CITY - ST - ZIP: Ft. Lauderdale, FL 33309

TITLE: V  
NAME: SPAUGH, LYNN  
STREET ADDRESS: 6400 N. Andrews Ave.  
CITY - ST - ZIP: Ft. Lauderdale, FL 33309

TITLE: V  
NAME: BRESLAU, ROBERT  
STREET ADDRESS: 6400 N. Andrews Ave.  
CITY - ST - ZIP: Ft. Lauderdale, FL 33309