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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # K19000

QTILES (	CORPORATION							
OTILLO C								
Principal Place	of Business	Mailing Address			- 1 (##1##11 001 11010 10141 00111 :	SSIII ESII DIBII GII	011 01011 01 <del>0</del> 13 B1	811 B1911 1881
6400 N. ANDREY		6400 N. ANDREWS AVE.						
FORT LAUDERD	DALE FL 33309	FORT LAUDERDALE FL 33309	9		DO NOT WE	RITE IN THIS :	SPACE	
					3. Date Incorporated or Qualife 03/24/1988	d		
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number		App	lied For
21		26			65-0036314		-	Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		<b>\$8.75</b> A	
22		27 City 8 Ct-4-						·
City & State	<del>9</del>	City & State			6. Election Campaign Financing Trust Fund Contribution	g 🗆	\$5.00 i Added to	, ,
Zip	Country	28	Country		8. This corporation owes the cu	rrent vear Inta		
24	[25]	29 3	_ `		Personal Property Tax.			□No
	9. Name and Address of Current	<del></del>			10. Name and Address of New	Registered A	\gent	
			81	Name				
DUKE, BRYAN W.			82	Street Addre	ess (P.O. Box Number is Not Accep	ptable)		
C/O STILES CORPORATION							<u> </u>	
6400 N ANDREWS AVE			83					
FT LAUDERDALE FL 33309			84	City	<del></del>	FL	85 Zip C	ode
11. Pursuant t	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the above	-named corpo	oration submits this statement for th	ne purpose of o	changing its	registered
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida, Such change was auti	nonzea by i	tne corporatio	n's board of directors. I hereby acc	ept the appoin	ılment as reg	listered
- 5 -	, , ,							
SIGNATURE								
	Signature, typed or printed name of registered agent s	and true if applicable. (NOTE: Ro	tegistered Ageni	t signature required		DATE AND	D DIRECTO	DS IN 12
12.	OFFICERS AND	ond title if applicable. (NOTE: R	13.		ADDITIONS/CHANGES TO C			
12.	OFFICERS AND	and true if applicable. (NOTE: Ro	13.		ADDITIONS/CHANGES TO C		D DIRECTOI	RS IN 12
12. TITLE NAME	OFFICERS AND CD STILES, TERRY W.	ond title if applicable. (NOTE: R	13. 1.1 TITLE 1.2 NAME	t signature required	ADDITIONS/CHANGES TO C V FERRERA, ROCCO	OFFICERS ANI		
12. TITLE NAME STREET ADDRESS	OFFICERS AND CD STILES, TERRY W. 6400 N ANDREWS AVE	ond title if applicable. (NOTE: R	13. 1.1 TITLE 1.2 NAME 1.3 STREET	t signature required	ADDITIONS/CHANGES TO C V FERRERA, ROCCO 6400 N. Andrews A	ve.		
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND CD STILES, TERRY W.	ond title if applicable. (NOTE: R	13. 1.1 TITLE 1.2 NAME	t signature required	ADDITIONS/CHANGES TO C V FERRERA, ROCCO	ve.		
12. TITLE NAME STREET ADDRESS	OFFICERS AND CD STILES, TERRY W. 6400 N ANDREWS AVE FT LAUDERDALE FL 33309	ond title if applicable. (NOTE: R) DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST	t signature required	ADDITIONS/CHANGES TO C V FERRERA, ROCCO 6400 N. Andrews A Ft. Lauderdale, F	ve.	Change	XXAddition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND CD STILES, TERRY W. 6400 N ANDREWS AVE FT LAUDERDALE FL 33309 PT	ond title if applicable. (NOTE: R) DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE	apparature required	ADDITIONS/CHANGES TO C V FERRERA, ROCCO 6400 N. Andrews A Ft. Lauderdale, F V	ve. L 33309	Change	XXAddition
12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	OFFICERS AND CD STILES, TERRY W. 6400 N ANDREWS AVE FT LAUDERDALE FL 33309 PT EAGON, DOUGLAS P	ond title if applicable. (NOTE: R) DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME	ADDRESS ADDRESS	ADDITIONS/CHANGES TO C V FERRERA, ROCCO 6400 N. Andrews A Ft. Lauderdale, F V JANSSEN, JOSEPH	ve. L 33309	Change	XXAddition XXAddition
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12.  TITLE  NAME  STREET ADDRESS  CITY- ST- ZIP  TITLE  NAME  STREET ADDRESS  CITY- ST- ZIP	OFFICERS AND CD STILES, TERRY W. 6400 N ANDREWS AVE FT LAUDERDALE FL 33309 PT EAGON, DOUGLAS P 6400 N. ANDREWS AVE. FORT LAUDERDALE FL 33309	DIRECTORS  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S'	ADDRESS ADDRESS	ADDITIONS/CHANGES TO C V FERRERA, ROCCO 6400 N. Andrews A Ft. Lauderdale, F V JANSSEN, JOSEPH 6400 N. Andrews A	ve. L 33309	☐ Change	XXAddition XXAddition
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12.  TITLE  NAME  STREET ADDRESS  CITY- ST- ZIP  TITLE  NAME  STREET ADDRESS	OFFICERS AND CD STILES, TERRY W. 6400 N ANDREWS AVE FT LAUDERDALE FL 33309 PT EAGON, DOUGLAS P 6400 N. ANDREWS AVE. FORT LAUDERDALE FL 33309 VP PALMER, STEPHEN R 6400 N. ANDREWS AVE. FORT LAUDERDALE FL 33309 VS JONES, PATRICIA J 6400 N. ANDREWS AVE.	DIRECTORS  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-SI 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S' 3.1 TITLE 3.2 NAME 3.3 STREET 3.4. CITY-S' 4.1 TITLE 4.2 NAME 4.3 STREET	ADDRESS -ZIP -ADDRESS T-ZIPADDRESS T-ZIPADDRESS ADDRESS ADDRESS	ADDITIONS/CHANGES TO C V FERRERA, ROCCO 6400 N. Andrews A Ft. Lauderdale, F V JANSSEN, JOSEPH 6400 N. Andrews A	ve. L 33309	☐ Change ☐ Change	***Addition
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12.  TITLE  NAME  STREET ADDRESS  CITY- ST- ZIP  TITLE  NAME  STREET ADDRESS	OFFICERS AND CD STILES, TERRY W. 6400 N ANDREWS AVE FT LAUDERDALE FL 33309 PT EAGON, DOUGLAS P 6400 N. ANDREWS AVE. FORT LAUDERDALE FL 33309 VP PALMER, STEPHEN R 6400 N. ANDREWS AVE. FORT LAUDERDALE FL 33309 VS JONES, PATRICIA J 6400 N. ANDREWS AVE.	DIRECTORS  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-ST 3.1 TITLE 3.2 NAME 3.3 STREET 3.4. CITY-ST 4.1 TITLE 4.2 NAME 4.3 STREET	ADDRESS -ZIP -ADDRESS T-ZIPADDRESS T-ZIPADDRESS ADDRESS ADDRESS	ADDITIONS/CHANGES TO C V FERRERA, ROCCO 6400 N. Andrews A Ft. Lauderdale, F V JANSSEN, JOSEPH 6400 N. Andrews A	ve. L 33309	☐ Change ☐ Change	***Addition

14. 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 annual report or supplemental annual peport 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 12 or Block 13 if changed, or or an attachment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

☐ DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

FORT LAUDERDALE FL 33309

DUKE, BRYAN W

6400 N. ANDREWS AVE.

FORT LAUDERDALE FL

LEQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/99 Date

954/776-9300

Change

☐ Addition

Daytime Phone #