

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

**PROFIT CORPORATION  
ANNUAL REPORT  
1996**



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

**DOCUMENT # L46311 (1)**  
1. Corporation Name  
**STILES-SOWERS BOCA PALMS, INC.**



**Principal Place of Business**

9906 BOCA CIR  
1167 3 ST S  
NAPLES FL 33942  
US

**Mailing Address**

9906 BOCA CIR  
1167 3 ST S  
NAPLES FL 33942  
US

2. Principal Place of Business	2a. Mailing Address
21 10265 TAMiami TRAIL No.	26 10265 TAMiami TRAIL No.
22 Suite, Apt. #, etc. Suite #7	27 Suite, Apt. #, etc. Suite #7
23 City & State Naples, FL	28 City & State Naples, FL
24 Zip 33963 Country USA	29 Zip 33963 Country USA

3. Date Incorporated or Qualified 01/25/1990	3a. Date of Last Report 04/11/1995
4. FET Number 65-0182351	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**BOND, SCHOENECK & KING  
1167 3 ST S  
NAPLES FL 33940**

**10. Name and Address of New Registered Agent**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 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**

Signature, typed or printed name of registered agent and true if applicable.

(NOTE: Registered Agent Signature is required when reappointing)

DATE

**12. OFFICERS AND DIRECTORS**

TITLE	P	<input type="checkbox"/> DELETE
NAME	SOWERS, LINDA	
STREET ADDRESS	9906 BOCA CIR	
CITY-ST-ZIP	NAPLES FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SOWERS, KEITH	
STREET ADDRESS	9906 BOCA CIR	
CITY-ST-ZIP	NAPLES FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	STILES, TERRY	
STREET ADDRESS	9906 BOCA CIR	
CITY-ST-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	10265 TAMiami TRAIL No Suite #7
1.4 CITY-ST-ZIP	33963
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	10265 TAMiami TRAIL No Suite #7
2.4 CITY-ST-ZIP	33963
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	10265 TAMiami TRAIL No Suite #7
3.4 CITY-ST-ZIP	33963
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 119.07(3)(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 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 on an attachment with an address.

**SIGNATURE:**

*Linda Sowers*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)