

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

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95 MAY -1 PM 1:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **M61930** (7)

1. Corporation Name
STILES DOWNTOWN ASSOCIATES, INC.

Principal Place of Business: **% STILES CORPORATION
6400 N. ANDREWS AVE.
FT. LAUDERDALE FL 33309-9103**

Mailing Address: **% STILES CORPORATION
6400 N. ANDREWS AVE.
FT. LAUDERDALE FL 33309-9103**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/03/1987	3a. Date of Last Report 05/01/1994
4. FEI Number 59-2857034	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 is subject for reorganization under Chapter 607, Florida Statutes. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. State Apt. # etc.	26. State Apt. # etc.
22. City & State	27. City & State
24. Zip	29. Zip
25. County	30. County

9. Name and Address of Current Registered Agent

**DUKE BRYAN W
C/O STILES CORP
6400 N ANDREWS AVE
FT LAUDERDALE FL 33309**

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607 (9)(c), and 607 150B, 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. This form is void if it is not signed by the corporation's board of directors. Florida Statutes.

SIGNATURE: _____ (Signature of Agent) _____ (Signature of Registered Agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN:	
OFFICER	D STILES, TERRY W. 6400 N. ANDREWS AVE. FT. LAUDERDALE FL	1. NAME	DP STILES, TERRY W. 6400 N. Andrews Ave. Ft. Lauderdale FL
OFFICER	T YOUNG WILLIAM H 6400 N ANDREWS AVE FT LAUDERDALE FL	2. NAME	T Eagon, Douglas P. 6400 N. Andrews Ave. Ft. Lauderdale, FL.
OFFICER	VP GARDNER RAYMOND G 6400 N ANDREWS AVE FT LAUDERDALE FL	3. NAME	VP Palmer, Stephen R. 6400 N. Andrews Ave. Ft. Lauderdale, FL
OFFICER	S SCHLEGEL PATRICIA 6400 N ANDREWS AVE FT LAUDERDALE FL	4. NAME	
OFFICER		5. NAME	
OFFICER		6. NAME	
OFFICER		7. NAME	
OFFICER		8. NAME	

14. I, the undersigned, certify that the information supplied with this filing is accurately furnished and that I am ready for the incorporation stated as "action" under the Florida Statutes. I further certify that the information is complete and correct and that the corporation shall have the same legal effect as if it had been filed with the Secretary of State. I further certify that I am a resident of the State of Florida and that I am qualified to receive the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 13 of Block 11. (Subject to correction of errors only.)

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR