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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # N12916 (5)

1. Corporation Name

DEERFIELD R/D CENTER ASSOCIATION, INC.

Principal Place of Business	Mailing Address
% TERRY W STILES 6400 N ANDREWS AVENUE 4TH FLOOR FT LAUDERDALE FL 33309 US	% TERRY W STILES 6400 N ANDREWS AVENUE 4TH FLOOR FT LAUDERDALE FL 33309-2172 US

3. Date Incorporated or Qualified: 01/09/1986
3a. Date of Last Report: 02/05/1996

2. Principal Place of Business	2a. Mailing Address
21 1200 N. Federal Hwy.	26 1200 N. Federal Hwy.
Suite, Apt. #, etc. 22 111	Suite, Apt. #, etc. 27 111
City & State 23 Boca Raton, FL	City & State 28 Boca Raton, FL
Zip / Country 24 33432 / 25 Palm Beach	Zip / Country 29 33432 / 30 Palm Beach

4. FEI Number: 65-0001200 ☐ 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

81 Name: Thomas H. Killins
82 Street Address (P.O. Box Number is Not Acceptable): RJS Jackson Group
83 1200 N. Federal Hwy., Suite 111
84 City: Boca Raton FL 85 Zip Code: 33432

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Thomas H. Killins — 3/25/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	Director	☐ Change ☒ Addition
NAME	STILES, TERRY W		1.2 NAME	Jacqueline French	
STREET ADDRESS	6400 N ANDREWS AVE		1.3 STREET ADDRESS	6600 N. Andrews Ave, Suite 216	
CITY-ST-ZIP	FT LAUDERDALE FL		1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33309	
TITLE	PD	☒ DELETE	2.1 TITLE	Director	☐ Change ☒ Addition
NAME	STILES, TRESA		2.2 NAME	Thomas M. Latta	
STREET ADDRESS	6400 N ANDREWS AVENUE 5TH FLOOR		2.3 STREET ADDRESS	1061 SW 30 Avenue	
CITY-ST-ZIP	FT LAUDERDALE FL		2.4 CITY-ST-ZIP	Deerfield Beach, FL 33442	
TITLE	D	☒ DELETE	3.1 TITLE	Director	☐ Change ☒ Addition
NAME	LATTA, THOMAS		3.2 NAME	Thomas H. Killins	
STREET ADDRESS	6400 N ANDREWS AVE 5TH FLOOR		3.3 STREET ADDRESS	1200 N. Federal Hwy., Suite 111	
CITY-ST-ZIP	FT LAUDERDALE FL		3.4 CITY-ST-ZIP	Boca Raton, FL 33432	
TITLE	D	☒ DELETE	4.1 TITLE	Director	☐ Change ☒ Addition
NAME	WILLIAMSON, LINDA		4.2 NAME	Robert J. Kruer, Jr.	
STREET ADDRESS	6400 N ANDREWS AVENUE		4.3 STREET ADDRESS	1150 Lake Hearn Drive NE, Suite 400	
CITY-ST-ZIP	FT LAUDERDALE FL		4.4 CITY-ST-ZIP	Atlanta, GA 30342	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Thomas H. Killins — 3/25/97 (561)395-1200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0035842