2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2005 8:00 am Secretary of State

Zip Country Zip Country S. Certificate of Status Desired Se.75 Addition Street Address (P.O. Box Number is Not Acceptable)	DOCU 1. Entity Nam STILES E				05-02-2005 90523 020 ***150.00						
Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State City & State Country Country Country Country Country Country Country S. Certificate of Status Desired Agent To Not Acceptable) Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) DATE Street Address (P.O. Box Number is Not Acceptable) DATE Street Address (P.O. Box Number is Not Acceptable) DATE Street Address (P.O. Box Number is Not Acceptable) DATE Street Address (P.O. Box Number is Not Acceptable) DATE Street Address (P.O. Box Number is Not Acceptable) DATE Street Address (P.O. Box Number is Not Acceptable) DATE Street Address (P.O. Box Number is Not Acceptable) DATE Street Address (P.O. Box Number is Not Acceptable) DATE Street Address (P.O. Box Number is Not Acceptable) DATE Street Address (P.O. Box Number is Not Acceptable) DATE Street	300 SE 2 ST		300 SE 2 ST			:) 18 3 11881 #11 8 1	0(10 31011 00111 0011 001			
City & State	2. Principal F	Place of Business	3. Mailing Address								
Zip Country Zip Country S. Certificate of Status Desired Se.75 Addition Se.75	Suite, Apt.	#, etc.	Suite, Apt. #, etc.				04262005	Chg-P	CR2E0	34 (10/03)	
S. Certificate of Status Desired Fee Required S. Name and Address of Current Registered Agent JONES, PATRICIA 300 SE 2 ST FT LAUDERDALE, FL 33301 Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code S. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent. SIGNATURE Signature, spind or primed name of registered agent and time it applicable. PATE Registered Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code Status Policy Date Status Policy Date Status Policy Date Status Policy Fl Zip Code Status Policy Date Status Policy Date Status Policy Date State Address (P.O. Box Number is Not Acceptable) State Address of New Registered Agent State Address of Not Acceptable) DATE State Address of New Registered Agent State A	City & State		City & State			,		771		<u> </u>	oplied For ot Applicable
Name Street Address (P.O. Box Number is Not Acceptable)	Zip	Country	Country Zip Co		try	5. Certificate of Status Desired				\$8.75 Additional Fee Required	
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		6. Name and Address of Current	Registered Agent			7	7. Name and A	ddress of New R	egistered A	gent	
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and site it applicable. (NOTE: Registered Agent signature required when termiseing) DATE FILE NOWIT! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN MAKE STILLES, TERRY W SIREET ADDRESS OITY-51-2P FILAUDERDALE, FL 33301 TITLE VS MAME JONES, PATRICIA JONES, PAT	101150 0	ATDIO! A			Name						
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent. SIGNATURE String	300 SE 2 ST				Street Address (P.O. Box Number is Not Acceptable)						
SIGNATURE Signature, typed or printed name of registered agent and site if applicable. (NOTE; Registered Apent signature required when reinstating) DATE					City		FL Zip Code				
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN ITILE STILES, TERRY W STREET ADDRESS OFFICERS AND DIRECTORS TITLE STREET ADDRESS OFFI LAUDERDALE, FL 33301 TITLE VS STREET ADDRESS OFFI LAUDERDALE, FL 33301 TITLE TITLE VS STREET ADDRESS OFFI LAUDERDALE, FL 33301 TITLE TITLE VS ST			the purpose of changing its	registere	ed office or re	registered	agent, or both,	in the State of Flo	orida. I am f	amiliar with,	and accept
After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10.	SIGNATURE.	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	Registered	d Agent signature	e required wh	en reinstating)		DATE		
TITLE	FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0	'	-					·		
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NAME STREET ADDRESS CITY-ST-ZIP TITLE V NAME FERRARRA, ROCCO STREET ADDRESS CITY-ST-ZIP TOTAL AUDERDALE, FL 33301 TITLE V NAME FERRARRA, ROCCO STREET ADDRESS CITY-ST-ZIP TOTAL AUDERDALE, FL 33301 TITLE V NAME STREET ADDRESS TOTY-ST-ZIP FORT LAUDERDALE, FL 33301 TITLE V NAME STINE, JAMES W NAME STREET ADDRESS TITLE NAME TITLE V NAME TITLE V NAME TITLE NAME TITLE NAME NAME TOTY-ST-ZIP NAME NAME NAME NAME TOTY-ST-ZIP NAME	TITLE NAME STREET ADDRESS	V EAGON, DOUGLAS P 300 SE 2ND ST	☐ Delete	TITLE NAME STREE	ET ADDRESS					☐ Change	Addition
NAME FERRARRA, ROCCO STREET ADDRESS 300 SE 2ND ST CITY-ST-ZIP FORT LAUDERDALE, FL 33301 TITLE V NAME STINE, JAMES W STREET ADDRESS CITY-ST-ZIP FORT Lauderdale, FL 33301 CITY-ST-ZIP FORT Lauderdale, FL 33301 Change NAME	NAME STREET ADDRESS	JONES, PATRICIA 300 SE 2ND ST	☐ Delete	NAME STREE	ET ADDRESS	<u>.</u>	,			☐ Change	☐ Addition
TITLE V Delete TITLE Change	NAME STREET ADDRESS	ERRARRA, ROCCO 00 SE 2ND ST		NAME STREE	ET ADDRESS	FERRI 300	SE 2nd ST			K KChange	Addition
STREET ADDRESS 300 SE 2ND ST STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33301 CITY-ST-ZIP	NAME Street address	STINE, JAMES W 300 SE 2ND ST	☐ Delete	NAME STREE	ET ADDRESS					☐ Change	Addition
TITLE V Delete Delete TITLE Change Change NAME O'SHEA, DENNIS F STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33301 12. 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 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 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes.	NAME STREET ADDRESS CITY-ST-ZIP	O'SHEA, DENNIS F 300 SE 2ND ST FORT LAUDERDALE, FL 33301		NAME STREE CITY-	ET ADDRESS ST-ZIP				<u>, , , , , , , , , , , , , , , , , , , </u>		Addition

Thereby certify that the information supplied with this fining does not qualify for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

1 (10)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/05

954-627-9308

Daytime Phone #

ATTACHMENT

5004568/ UNIFORM BUSINESS REPORT 2000129988

10. CONTINUED

TITLE:

V

NAME:

PALMER, STEPHEN R.

STREET ADDRESS:

300 SE 2nd St.

CITY-ST-ZIP:

Ft. Lauderdale, FL 33301