

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

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

05-02-2005 90524 036 \*\*\*150.00

**DOCUMENT # P02000128422**

1. Entity Name  
**DRLP, INC.**



Principal Place of Business  
**300 SW 2 STREET  
 8TH FLOOR  
 FORT LAUDERDALE, FL 33301**

Mailing Address  
**300 SW 2 STREET  
 8TH FLOOR  
 FORT LAUDERDALE, FL 33301**

**50045715**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

01142005 Chg-P CR2E034 (10/03)

4. FEI Number  
**02-0679665**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JONES, PATRICIA  
 C/O STILES CORPORATION  
 300 SW 2 STREET  
 FORT LAUDERDALE, FL 33301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP  Delete  
 NAME STILES, TERRY W  
 STREET ADDRESS 300 SW 2 STREET  
 CITY-ST-ZIP FT LAUDERDALE, FL 33301

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE VT  Delete  
 NAME EAGON, DOUGLAS P  
 STREET ADDRESS 300 SW 2 STREET  
 CITY-ST-ZIP FT LAUDERDALE, FL 33301

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE VS  Delete  
 NAME JONES, PATRICIA  
 STREET ADDRESS 300 SW 2 STREET  
 CITY-ST-ZIP FT LAUDERDALE, FL 33301

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE V  Delete  
 NAME STINE, JAMES W  
 STREET ADDRESS 300 SW 2 STREET  
 CITY-ST-ZIP FT LAUDERDALE, FL 33301

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE V  Delete  
 NAME FERRERA, ROCCO  
 STREET ADDRESS 300 SW 2 STREET  
 CITY-ST-ZIP FT LAUDERDALE, FL 33301

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE V  Delete  
 NAME PALMER, STEPHEN R  
 STREET ADDRESS 300 SW 2 STREET  
 CITY-ST-ZIP FT LAUDERDALE, FL 33301

TITLE  Change  Addition  
 NAME Asst. S  
 STREET ADDRESS Donna Florek  
 CITY-ST-ZIP 300 SE 2ND St  
 Ft. 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 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.

**SIGNATURE:** *Terry W. Stiles* Terry W. Stiles 4/20/05 954/627-9300  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

50045715  
# P02000128422

UNIFORM BUSINESS REPORT

10. CONTINUED

TITLE: V  
NAME: O'SHEA, DENNIS F.  
STREET ADDRESS: 300 SE 2<sup>nd</sup> St.  
CITY-ST-ZIP: Ft. Lauderdale, FL 33301