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

CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

	jal report 1996			Secreta DIVISION OF							
DOCU!	MENT #	P93000	00644	12 (8)						
STILES	S OUTDOOR	POWER EQUIP	PMENT, INC	Э.) (B01) 0 B1 146 1616 B 161				. 41845 1181 1881
rincipal Place	of Business		Mailing Ac	ddress				IN B OIN BOIN 8		IN DIGIT BIDD	
92 MONAHAI	n dr. I Beach fl 32547			iahan dr. Lton beach f	1 22547						
TI. WALTON	DENOTITE GESTI		,	EVON DENOTT	£ 0£341		3. Date Incorporated or 09/13/1993	Oualified		of Last Re	
, Principal Pla	ace of Business		2a. Mailing	Address			4. FEI Number 59-3205135			1	Applied For Not Applicable
Suite, Apt.	#, etc.		26 Suite,	Apt. #, etc				lanirad		11_	Additional
]			27				5. Certificate of Status D				Required
Orty & State	€		City & 28	State			6. Election Campaign Fir Trust Fund Contribution	-			May Be
Zip	25	Country	Zip		Cou	nt y	This corporation has I Florida Statutes	lability for in			
	9, Name and	Address of Current	t Registered A	\gent			10. Name and Address	of New Re	gistered A	gent	
						81 Name					
STILES,	, a l Vahan dr.					82 Street Ad	ldress (P.O. Box Number is Not	l Acceptable	9)		
AC MOI						-					
FT. WAI	lton beach f	L 32547				83					
FT. WA	LTON BEACH F	L 32547				81 City				85 Zıç	Code
4 Pureuant t	to the acquisions of	Sections 607 0502	and 607.1508,	Florida Statute	es, the abo	84 City	poration submits this statement	for the purp	FL lose of cha	nana its n	eaistered offic
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14. I do hereby certify that the information supplied with this firing is voluntarily furnished and diles 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 applemental annual report is rue 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 empowere I to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if charged, or it is a attaching with an address.

64 CITY S1-ZIP

SIGNATURE:

CITY-ST ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR A.L. STILES

(904)862-3156