## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## P95000057982 (7) DOCUMENT #

**BOCA RATON FL 33428** 

22587 VISTAWOOD WAY

**BOCA RATON FL 33428** 

STILLER, CHARLENE H

**BOCA RATON FL 33424** 

**BOCA RATON FL 33434** 

STILLER, GEORGE

3972 NORTHWEST 25TH WAY

3972 NORTHWEST 25TH WAY

STILLER, ERIC C

D & S STILLER, INC

Principal Place of Business

1867 W HILLSBORO BLVD 1867 W HILLSBORO BLVD DEERFIELD BEACH FL 33442-1401 DEERFIELD BEACH FL 33442 3. Date Incorporated or Qualified Sa. Date of Last Report 07/27/1995 04/18/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0600807 Not Applicable 21 26 Suite, Apt. #, elc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 27 City & State City & State \$5.00 May Be Election Campaign Financing Added to Fees 23 28 Trust Fund Contribution Country Country Zip This corporation has liability for intangible tax under s. 199.032, Yes No 30 Florida Statutes 25 24 29 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent **B1** Name STILLER, DEBRA 22587 VISTAWOOD WAY 82 Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33428 R**3 84 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition DILLE DPS 1.1 TITLE NAME STILLER, DEBRA 12 NAME 22587 VISTAWOOD WAY 1.3 STREET ADDRESS STREET ADDRESS

1.4 City - ST - ZIP

2.3 STREET ADDRESS

3.3 STREET ADDRESS

4.3 STREET ADDRESS

**53 STREET ADDRESS** 

5.4 CITY-ST-ZIP

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3.4. CITY - ST - ZIP

2.4 CITY-ST-ZIP

2.1 TITLE 22 NAME

3.1 TITLE

32 NAME

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

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CITY - ST - 7IP 6.4 CITY - ST - ZIP 14. I do nereby 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

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NAME

TED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

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**FILED** 

May 09 1997 8:00am

Secretary of State