

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000096813 (7)

1. Corporation Name

STILES SILVER, INC.



Principal Place of Business

6400 NORTH ANDREWS AVE.
FT. LAUDERDALE FL 33309

Mailing Address

6400 NORTH ANDREWS AVE.
FT. LAUDERDALE FL 33309

3. Date Incorporated or Qualified
12/22/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0633601

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DUKE, BRYAN W
6400 NORTH ANDREWS AVE.
FT. LAUDERDALE FL 33309

81 Name

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

700001812597

83

-05/08/96--01011--020

84 City

***200.00

FL

85 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 the filer if applicable

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME STILES, TERRY W
STREET ADDRESS 6400 NORTH ANDREWS AVE.
CITY-ST-ZIP FT. LAUDERDALE FL 33309

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP
1.2 NAME STILES, TERRY W
1.3 STREET ADDRESS 6400 North Andrews Ave.
1.4 CITY-ST-ZIP Ft. Lauderdale, FL 33309

2.1 TITLE VP
2.2 NAME Palmer, Stephen R.
2.3 STREET ADDRESS 6400 N. Andrews Ave.
2.4 CITY-ST-ZIP Ft. Lauderdale, FL 33309

3.1 TITLE VT
3.2 NAME EAGON, DOUGLAS P
3.3 STREET ADDRESS 6400 N. Andrews Ave.
3.4 CITY-ST-ZIP Ft. Lauderdale, FL 33309

4.1 TITLE VS
4.2 NAME Schlegel, Patricia J.
4.3 STREET ADDRESS 6400 N. Andrews Ave.
4.4 CITY-ST-ZIP Ft. Lauderdale, FL 33309

5.1 TITLE V
5.2 NAME Stine, James W.
5.3 STREET ADDRESS (same address)
5.4 CITY-ST-ZIP

6.1 TITLE V
6.2 NAME Coffey, Kevin
6.3 STREET ADDRESS (same address)
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does 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 supplementary 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 person or person 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/96

Daytime Phone

CR2E034 (12/95)