

4-20-98 5073 C
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000043595 (3)

1. Corporation Name

STILES THIRD AVENUE, INC.

Principal Place of Business

6400 N. ANDREWS AVE.
FT. LAUDERDALE FL 33309

Mailing Address

6400 N. ANDREWS AVE.
FT. LAUDERDALE FL 33309



DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

05/22/1996

4. FEI Number

65-0669328

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GRAGG, K. LAWRENCE
WHITE & CASE
200 S. BISCAYNE BLVD., STE. 4900
MIAMI FL 33131

81 Name

DUKE, BRYAN

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

STILES CORPORATION

83

6400 N. ANDREWS AVE.

84 City

FT LAUDERDALE

FL

85

Zip Code

33309

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

BRYAN DUKE

2/23/98

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input type="checkbox"/> DELETE
NAME	STILES, TERRY W	
STREET ADDRESS	6400 N. ANDREWS AVE.	
CITY-ST-ZIP	FT. LAUDERDALE FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	VT	<input type="checkbox"/> DELETE
NAME	EAGON, DOUGLAS P	
STREET ADDRESS	6400 N ANDREWS AVE	
CITY-ST-ZIP	FT LAUDERDALE FL	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

TITLE	V	<input type="checkbox"/> DELETE
NAME	PALMER, STEPHEN R	
STREET ADDRESS	6400 N ANDREWS AVE	
CITY-ST-ZIP	FT LAUDERDALE FL	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

TITLE	V	<input type="checkbox"/> DELETE
NAME	STINE, JAMES W	
STREET ADDRESS	6400 N ANDREWS AVE	
CITY-ST-ZIP	FT LAUDERDALE FL	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	COFFEY, KEVIN	
STREET ADDRESS	6400 N ANDREWS AVE	
CITY-ST-ZIP	FT LAUDERDALE FL	

5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	DUKE, BRYAN
5.3 STREET ADDRESS	6400 N ANDREWS AVE
5.4 CITY-ST-ZIP	FT LAUDERDALE FL 33309

TITLE	VS	<input type="checkbox"/> DELETE
NAME	SCHLEGEL, PATRICIA J	
STREET ADDRESS	6400 N ANDREWS AVE	
CITY-ST-ZIP	FT LAUDERDALE FL	

6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	JONES, PATRICIA
6.3 STREET ADDRESS	6400 N ANDREWS AVE
6.4 CITY-ST-ZIP	FT LAUDERDALE, FL 33309

14. 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 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 its predecessor 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.

SIGNATURE:

2/23/98 954/776-9300

CR2003 (10/97)