

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

**FILED**  
**Apr 20 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # P97000022203 (8)**

1. Corporation Name  
**STILES CHARLESTON SQUARE, INC.**



Principal Place of Business 6400 NORTH ANDREWS AVE. FT. LAUDERDALE FL 33309	Mailing Address 6400 NORTH ANDREWS AVE. FT. LAUDERDALE FL 33309
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>03/12/1997</b>	
21	22	26	27	4. FEI Number <b>65-0736471</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
23	24	25	28	29	30
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DUKE, BRYAN W ESQ. 6400 NORTH ANDREWS AVE. FT. LAUDERDALE FL 33309				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-instating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>DP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STILES, TERRY W</b>	1.2 NAME	<b>STILES, TERRY W.</b>
STREET ADDRESS	<b>6400 NORTH ANDREWS AVE.</b>	1.3 STREET ADDRESS	<b>6400 NORTH ANDREWS AVENUE</b>
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33309</b>	1.4 CITY-ST-ZIP	<b>FT LAUDERDALE, FL 33309</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<b>VT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	<b>EAGON, DOUGLAS P.</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>6400 NORTH ANDREWS AVENUE</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>FT. LAUDERDALE, FL 33309</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<b>VS</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	<b>JONES, PATRICIA</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>6400 NORTH ANDREWS AVENUE</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>FT LAUDERDALE, FL 33309</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<b>V</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>STINE, JAMES W.</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>6400 NORTH ANDREWS AVENUE</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>FT. LAUDERDALE, FL 33309</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<b>V</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<b>OSHEA, DENNIS F.</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>6400 NORTH ANDREWS AVENUE</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>FT LAUDERDALE, FL 33309</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<b>V</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>DUKE, BRYAN W.</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>6400 NORTH ANDREWS AVENUE</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>FT. LAUDERDALE, FL 33309</b>

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 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.

SIGNATURE: \_\_\_\_\_

CR2E034 (10/97)

FD 20 1998 84/721-0300

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CONTINUED**

7.1	TITLE	V	<input checked="" type="checkbox"/> ADDITION
7.2	NAME	PALMER, STEPHEN R.	
7.3	STREET ADDRESS	6400 NORTH ANDREWS AVE	
7.4	CITY - ST - ZIP	FT LAUDERDALE, FL 33309	