

**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
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**DOCUMENT # P97000033410 (6)**  
 1. Corporation Name  
**STILES GROVE, INC.**



Principal Place of Business <b>6400 NORTH ANDREWS AVE FT LAUDERDALE FL 33309</b>	Mailing Address <b>6400 NORTH ANDREWS AVE FT LAUDERDALE FL 33309</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>04/14/1997</b>	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
4. FEI Number <b>65-0762668</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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 <b>DUKES, BRYAN W ESQ. 6400 NORTH ANDREWS AVE 5TH FLOOR FT LAUDERDALE FL 33309</b>		10. Name and Address of New Registered Agent	
		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	<b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 AVE</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 AVE</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 AVE</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 AVE</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>O'SHEA, DENNIS F.</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>6400 NORTH ANDREWS AVE</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 AVE</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.

CR2E034 (10/97)

*File 1998 05/12/98 93M*

**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	