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PROFIT CORPORATION
 ANNUAL REPORT
 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P98000027229**

1. Corporation Name
STILES PROPERTY #3 II, INC.

Principal Place of Business
**6400 NORTH ANDREWS AVENUE
 FT. LAUDERDALE FL 33309**

Mailing Address
**6400 NORTH ANDREWS AVENUE
 FT. LAUDERDALE FL 33309**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/24/1998	
4. FEI Number 65-0822690	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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

TITLE	DP	<input type="checkbox"/> DELETE
NAME	STILES, TERRY W	
STREET ADDRESS	6400 NORTH ANDREWS AVENUE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	EAGON, DOUGLAS P	
STREET ADDRESS	6400 NORTH ANDREWS AVENUE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	JONES, PATRICIA	
STREET ADDRESS	6400 NORTH ANDREWS AVENUE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	
TITLE	V	<input type="checkbox"/> DELETE
NAME	PALMER, STEPHEN R	
STREET ADDRESS	6400 NORTH ANDREWS AVENUE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	
TITLE	V	<input type="checkbox"/> DELETE
NAME	STINE, JAMES W	
STREET ADDRESS	6400 NORTH ANDREWS AVENUE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	COFFEY, KEVIN	
STREET ADDRESS	6400 NORTH ANDREWS AVENUE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	FERRERA, ROCCO	
1.3 STREET ADDRESS	6400 North Andrews Ave.	
1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33309	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE: _____
 Terry W. Stiles

4/8/99 954/776-9300
 Date Daytime Phone #

CRZE034 (11/98)