

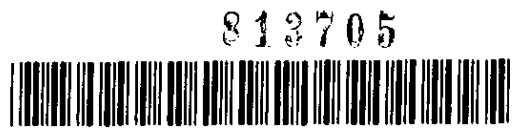
2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 22, 2000 8:00 am
Secretary of State
 02-22-2000 90019 046 ***150.00

DOCUMENT # P98000027229
 1. Entity 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 33309-2172
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	65-0822690	Applied For	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DUKE, BRYAN W 6400 NORTH ANDREWS AVENUE FT. LAUDERDALE FL 33309		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE / /

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STILES, TERRY W	NAME	
STREET ADDRESS	6400 NORTH ANDREWS AVENUE	STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	CITY-ST-ZIP	
TITLE	VT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EAGON, DOUGLAS P	NAME	
STREET ADDRESS	6400 NORTH ANDREWS AVENUE	STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	CITY-ST-ZIP	
TITLE	VS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, PATRICIA	NAME	
STREET ADDRESS	6400 NORTH ANDREWS AVENUE	STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALMER, STEPHEN R	NAME	
STREET ADDRESS	6400 NORTH ANDREWS AVENUE	STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STINE, JAMES W	NAME	
STREET ADDRESS	6400 NORTH ANDREWS AVENUE	STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERRERA, ROCCO	NAME	
STREET ADDRESS	6400 NORTH ANDREWS AVENUE	STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: **DRYAN W DUKE**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: 2-16-00 (954) 776-9300
 Daytime Phone #