


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90523 010 \*\*\*150.00

**DOCUMENT # P99000026514**

1. Entity Name  
**S/ELA GP, INC.**



Principal Place of Business      Mailing Address  
**300 SE 2ND STREET**      **300 SE 2ND STREET**  
**FORT LAUDERDALE, FL 33301**      **FORT LAUDERDALE, FL 33301**

**50045691**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

01122005      Chg-P      CR2E034 (10/03)

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For  
**65-0910029**      Not Applicable

5. Certificate of Status Desired            **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**JONES, PATRICIA**  
**C/O STILES CORPORATION**  
**300 SE 2ND STREET**  
**FORT LAUDERDALE, FL 33301**

**7. Name and Address of New Registered Agent**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> Delete
NAME	STILES, TERRY W	
STREET ADDRESS	300 SE 2ND STREET	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301	
TITLE	VT	<input type="checkbox"/> Delete
NAME	EAGON, DOUGLAS P	
STREET ADDRESS	300 SE 2ND STREET	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301	
TITLE	VS	<input type="checkbox"/> Delete
NAME	JONES, PATRICIA	
STREET ADDRESS	300 SE 2ND STREET	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301	
TITLE	V	<input type="checkbox"/> Delete
NAME	STINE, JAMES W	
STREET ADDRESS	300 SE 2ND STREET	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301	
TITLE	V	<input type="checkbox"/> Delete
NAME	FERRERA, ROCCO	
STREET ADDRESS	300 SE 2ND STREET	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301	
TITLE	V	<input type="checkbox"/> Delete
NAME	OSHEA, DENNIS F	
STREET ADDRESS	300 SE 2ND STREET	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Asst. S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Donna Florek	
STREET ADDRESS	300 SE 2nd St	
CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Terry W. Stiles      Terry W. Stiles      4/20/05      954/627-9300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #