

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

FILED

**Apr 24 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000003531 (9)
1. Corporation Name
AMERICAN TOWER SYSTEMS INC.



Principal Place of Business 116 HUNTINGTON AVE. BOSTON MA 02116	Mailing Address 116 HUNTINGTON AVE. BOSTON MA 02116-5749
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3. Date Incorporated or Qualified 07/21/1995	3a. Date of Last Report 06/20/1996
4. FEI Number 65-0598206	Applied For <input 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. 6400 N. Congress Ave
22. City & State	27. Suite 1750
23. Zip	28. BOCA RATON, FL
24. Country	29. 33487
25. Country	30. USA

9. Name and Address of Current Registered Agent
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. State FL
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: _____ (NOTE: Registered Agent signature required when reinstalling) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	CPD	<input type="checkbox"/> DELETE
NAME	DODGE, STEVEN B	
STREET ADDRESS	116 HUNTINGTON AVE.	
CITY - ST - ZIP	BOSTON MA 02116	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MILSOM, MICHAEL B	
STREET ADDRESS	116 HUNTINGTON AVE.	
CITY - ST - ZIP	BOSTON MA 02116	
TITLE	T	<input type="checkbox"/> DELETE
NAME	WINN, JOSEPH L	
STREET ADDRESS	116 HUNTINGTON AVE.	
CITY - ST - ZIP	BOSTON MA 02116	
TITLE	COO	<input type="checkbox"/> DELETE
NAME	EISENSTEIN, JAMES S	
STREET ADDRESS	116 HUNTINGTON AVE.	
CITY - ST - ZIP	BOSTON MA 02116	
TITLE	V.P. - FINANCE	<input type="checkbox"/> DELETE
NAME	PEDRO SOMARRIBA	
STREET ADDRESS	6400 N. CONGRESS AVE. STE 1750	
CITY - ST - ZIP	BOCA RATON, FL 33487	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	6400 N. CONGRESS AVE. STE 1750
4.4 CITY - ST - ZIP	BOCA RATON, FL 33487
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	PEDRO SOMARRIBA
5.3 STREET ADDRESS	6400 N. CONGRESS AVE. STE 1750
5.4 CITY - ST - ZIP	BOCA RATON, FL 33487
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	ROSS W. ELDER
6.3 STREET ADDRESS	6400 N. CONGRESS AVE. STE 1750
6.4 CITY - ST - ZIP	BOCA RATON, FL 33487

14. I do 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: _____ **REQUIRED** **4-17-97** **761-988-2280**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0000249

CR2E034 (9/96)