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PROFIT CORPORATION ANNUAL REPORT

1999

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

DOCUMENT # **P97000045653**

1. Corporation Name
SBA TOWERS, INC.

Principal Place of Business	Mailing Address
ONE TOWN CENTER ROAD.. 3RD FLOOR % GENERAL COUNSEL BOCA RATON FL 33486	ONE TOWN CENTER ROAD.. 3RD FLOOR ~~% GENERAL COUNSEL~~ BOCA RATON FL 33486 ATTN: Legal Department

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 05/22/1997

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 65-0754577 ☐ Applied For ☐ Not Applicable
21	26	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip 24 Country 25	Zip 29 Country 30	8. This corporation owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **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 _____ 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	PCEO	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BERNSTEIN, STEVEN E		1.2 NAME		
STREET ADDRESS	ONE TOWN CENTER ROAD., 3RD FLOOR		1.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33486		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BERNSTEIN, STEVEN E		2.2 NAME		
STREET ADDRESS	ONE TOWN CENTER ROAD., 3RD FLOOR		2.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33486		2. 4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BIZICK, ROBERT G II		3.2 NAME		
STREET ADDRESS	ONE TOWN CENTER ROAD., 3RD FLOOR		3.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33486		3.4. CITY-ST-ZIP		
TITLE	~~SVP~~	☐ DELETE	4.1 TITLE	SVT	☒ Change ☐ Addition
NAME	GROBSTEIN, ROBERT M		4. 2 NAME		
STREET ADDRESS	ONE TOWN CENTER ROAD., 3RD FLOOR		4.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33486		4.4 CITY-ST-ZIP		
TITLE	AS	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	GROBSTEIN, ROBERT M		5.2 NAME		
STREET ADDRESS	ONE TOWN CENTER ROAD., 3RD FLOOR		5.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33486		5.4 CITY-ST-ZIP		
TITLE	SVSD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	STOOPS, JEFFREY A		6.2 NAME		
STREET ADDRESS	ONE TOWN CENTER ROAD., 3RD FLOOR		6.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33486		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: SIGNATURE REQUIRED Jeffrey A. Stoops 4/20/99 (561) 226-9254
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (1-1/98)