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							14 60 111 00111 91)III 9199 1 9 1110		1188 1711 1987	
ONE TOWN CENTER ROAD 3RD FLOOR % GENERAL COUNSEL BOCA RATON FL 33486		ONE TOWN CENTER ROAD 3RD FLOOR SECURIAL COUNSEL BOCA RATON FL 33496				. DO NOT WRITE IN THIS SPACE					
BOOM HATON PE 35-400		AHN: Legal Department			3	3. Date Incorporated or Qualifed					
]		man cego nec		_			05/22/1997				
2. Principal Pl	ace of Business	2a. Mailing Address			4	4. FEI Number			App	lied For	
21		26				65-0754577				Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5	5. Certifcate of Status Desired	.	7	/5 Ade Req	dditional uired	
City & State		City & State			6	6. Election Campaign Financi	ng 🗆	\$5.	.00 n	/lay Be	
		28			\perp	Trust Fund Contribution		Ade	ded to	Fees	
Zip	. Country	Zip	Countr	У		8	8. This corporation owes the o	current year			_
24	25 29		0				Personal Property Tax.				
Name and Address of Current Registered Agent				41		10	Name and Address of Ne	w Register	ed Agent		
COR	PORATION SERVICE COMPANY		8		Name						
1201 HAYS STREET			82	2	Street Addr	ress ((P.O. Box Number is Not Acco	eptable)			ļ
TALLAHASSEE FL 32301			8:	3							
,			84	4	City			35 -	85	Zip C	ode
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the								<u></u>	<u>'L</u>	_ 14	:
office or ri	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligation	t Florida. Such change was autho	orizea b'	v u	he corporation	on's t	board of directors. I hereby ac	ccept the ap	pointment a	as regi	istered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Rec	gistered Ag	ent :	signature require	d wher	n reinstating)	DATE)
12.	OFFICERS AND		13.		· · · · · · · · · · · · · · · · · · ·		ADDITIONS/CHANGES TO	OFFICERS	AND DIRE	CTOF	RS IN 12
TITLE	PCEO DELETE 1.1		1.1 TITLE	1,1 TITLE					☐ Cha	ınge	☐ Addition
NAME	BERNSTEIN, STEVEN E 1.2		1.2 NAME								
STREET ADDRESS ONE TOWN CENTER ROAD., 3RD FLOOR			1.3 STREET		ADORESS					•	
CITY-ST-ZIP BOCA RATON FL 33486			1.4 CITY-ST-ZIP								
TIFLE			2.1 TITLE	- · ·					☐ Cha	nge	Addition (
NAME	DEMOTER, OTEVER C		2.2 NAME							ļ	
STREET ADDRESS	ONE TOWN OFFICE HOURS, OND I COOK			2.3 STREET ADDRESS							ľ
CITY-ST-ZIP	DOCATE OF THE PROPERTY OF THE		2. 4 CITY-\$T-ZIP							C7 Addition	
TΠLE	<u>'</u>		3.1 TITLE					☐ Cha	'ude	Addition	
NAME	DIZION, NOBERT O II		3.2 NAME								
ONE TOTAL TOTAL			3.3 STREET ADDRESS								
CITY-ST-ZIP	C DELETE			3.4. CITY-ST-ZIP			_		Cha		Addition
, TITLE	SVIE	(DELETE	4.1 TITLE		0	רש	1		L) Lila	, ige	
NAME	anobatem, nobent m		4.2 NAME								
STREET ADDRESS	ONE TOWN OF HELD HOURS, OND LEGGH		4.3 STREET ADDRESS								
CITY-ST-ZIP	DOM: ST. ST.			4.4 CITY-ST-ZIP 5.1 TITLE					☐ Cha		☐ Addition
TITLE				5.2 NAME					_ 5/10		
NAME	Grobstein. Robert M				i						ĺ

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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

ONE TOWN CENTER ROAD., 3RD FLOOR

ONE TOWN CENTER ROAD., 3RD FLOOR

BOCA RATON FL 33486

STOOPS, JEFFREY A

BOCA RATON FL 33486

SVSD

DELETE

Apr 23, 1999 8:00 am Secretary of State

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Change

Addition