

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

**PROFIT CORPORATION  
ANNUAL REPORT  
1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

**98 APR 21 PM 1:00**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P97000061827 (6)**

1. Corporation Name  
**COMMUNICATION SITE SERVICES, INC.**



Principal Place of Business

Mailing Address

**2530 N.E. 36TH AVE.  
OCALA FL 34470**

**6001 BROKEN SOUND PARKWAY  
SUITE 400  
BOCA RATON FL**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

24 Zip 25 Country

2a. Mailing Address

26 **C/O General Counsel  
One Town Center Road**

27 **3rd Floor**  
City & State

28 **Boca Raton, FL**  
Zip 29 **33486** 30 **USA**

3. Date Incorporated or Qualified

**07/16/1997**

4. FEI Number

**65-076 7399**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

**\$5.00 May Be  
Added to Fees**

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

**VALDES-FAULI CORPORATE SERVICES, INC.  
777 SOUTH FLAGLER DRIVE SUITE 500E  
WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent

81 Name  
**Corporation Service Company**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**1201 Hays Street**  
83  
84 City  
**Tallahassee** FL 85 Zip Code  
**32301**

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE *Karen B. Rozar*

**Karen B. Rozar, As Its Agent**

**4-21-98**

Signature of principal or person in charge of registered agent and, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

|                |                                 |
|----------------|---------------------------------|
| TITLE          | <input type="checkbox"/> DELETE |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |
| TITLE          | <input type="checkbox"/> DELETE |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |
| TITLE          | <input type="checkbox"/> DELETE |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |
| TITLE          | <input type="checkbox"/> DELETE |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |
| 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           | <b>P/CEO/D</b>  |
| 1.3 STREET ADDRESS | <b>Steven E. Bernstein</b>  |
| 1.4 CITY-ST-ZIP    | <b>One Town Center Road, 3rd Floor<br/>Boca Raton, FL 33486</b>   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           | <b>EVP/D</b>  |
| 2.3 STREET ADDRESS | <b>Ronald G. Bizick II</b>  |
| 2.4 CITY-ST-ZIP    | <b>One Town Center Road, 3rd Floor<br/>Boca Raton, FL 33486</b>   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           | <b>SVP/T/AS/D</b>   |
| 3.3 STREET ADDRESS | <b>Robert M. Grobstein</b>  |
| 3.4 CITY-ST-ZIP    | <b>One Town Center Road, 3rd Floor<br/>Boca Raton, FL 33486</b>   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           | <b>SVP/S/D</b>  |
| 4.3 STREET ADDRESS | <b>Jeffrey A. Stoops</b>  |
| 4.4 CITY-ST-ZIP    | <b>One Town Center Road, 3rd Floor<br/>Boca Raton, FL 33486</b>   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           | <b>000002498820--6</b>  |
| 5.3 STREET ADDRESS | <b>-04/24/98--01008--003</b>                                      |
| 5.4 CITY-ST-ZIP    | <b>****150.00 ****150.00</b>                                      |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |   |
| 6.3 STREET ADDRESS |   |
| 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.

SIGNATURE *Jeffrey A. Stoops* *10/21/98*

CR2E034 (10/97)