


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

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90260 030 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000061827
 1. Corporation Name
COMMUNICATION SITE SERVICES, INC.



Principal Place of Business 2530 N.E. 36TH AVE. OCALA FL 34470	Mailing Address GENERAL COUNSEL ONE TOWN CENTER ROAD., 3RD FLOOR BOCA RATON FL 33486 <i>ATTN: Legal Department</i>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	30

3. Date Incorporated or Qualified 07/16/1997	
4. FEI Number 65-0767399	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 owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	EVD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIZICK, RONALD 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	SVTR <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROBSTEIN, ROBERT M	4.2 NAME	<i>GROBSTEIN Robert M.</i>
STREET ADDRESS	ONE TOWN CENTER ROAD., 3RD FLOOR	4.3 STREET ADDRESS	<i>one town center road third floor</i>
CITY-ST-ZIP	BOCA RATON FL 33486	4.4 CITY-ST-ZIP	<i>BOCA RATON, FL 33486</i>
TITLE	AS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Jeffrey A Stoop* DATE: *4/20/99* DAYTIME PHONE #: *(561) 226-9254*

CR2E034 (11/98)