

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **590361** (2)
1. Corporation Name
ROYAL PALM TELEVISION TOWER CORPORATION



Principal Place of Business: **2929 E COMMERCIAL BLVD. PH-C FT LAUDERDALE FL 33308**
Mailing Address: **2929 E COMMERCIAL BLVD. PH-C FT LAUDERDALE FL 33308**

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
9. Name and Address of Current Registered Agent

**CAMERON, CARA EBERT
2929 E. COMMERCIAL BLVD, PENTHOUSE C
FT. LAUDERDALE FL 33308**

3. Date Incorporated or Qualified: **10/06/1978**
3a. Date of Last Report: **04/03/1995**
4. FEI Number: **59-2028826**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No
10. Name and Address of New Registered Agent

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 607.0532 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 617.0405, Florida Statutes.

SIGNATURE: _____ DATE: _____
12. OFFICERS AND DIRECTORS: DELETE
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12: Change Addition

12. TITLE: PD	<input checked="" type="checkbox"/> DELETE	13. 1. TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME: VARA, HENRY D., JR.		13. 2. NAME: _____	
12. STREET ADDRESS: 2630 BAYVIEW DR.		13. 3. STREET ADDRESS: _____	
12. CITY-STATE-ZIP: FT. LAUDERDALE FL		13. 4. CITY-STATE-ZIP: _____	
12. TITLE: SD	<input type="checkbox"/> DELETE	13. 5. TITLE: _____	
12. NAME: CAMERON, CARA EBERT		13. 6. NAME: PRESIDENT - J-D Cameron, Cara Ebert	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. STREET ADDRESS: 2929 E COMMERCIAL BLV #C		13. 7. STREET ADDRESS: 2929 E. Commercial Blvd., PH-C	
12. CITY-STATE-ZIP: FT. LAUDERDALE FL		13. 8. CITY-STATE-ZIP: Ft. Lauderdale, FL 33308	
12. TITLE: D	<input checked="" type="checkbox"/> DELETE	13. 9. TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME: DIMENTO, FRANCIS		13. 10. NAME: _____	
12. STREET ADDRESS: 147 HYSLOP RD.		13. 11. STREET ADDRESS: _____	
12. CITY-STATE-ZIP: BROOKLINE MA		13. 12. CITY-STATE-ZIP: _____	
12. TITLE: _____	<input type="checkbox"/> DELETE	13. 13. TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME: _____		13. 14. NAME: _____	
12. STREET ADDRESS: _____		13. 15. STREET ADDRESS: _____	
12. CITY-STATE-ZIP: _____		13. 16. CITY-STATE-ZIP: _____	
12. TITLE: _____	<input type="checkbox"/> DELETE	13. 17. TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME: _____		13. 18. NAME: _____	
12. STREET ADDRESS: _____		13. 19. STREET ADDRESS: _____	
12. CITY-STATE-ZIP: _____		13. 20. CITY-STATE-ZIP: _____	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 trustee or trustee-in-power or authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if of record, or an agent of record with an address.

SIGNATURE: *Cara Ebert Cameron* **Cara Ebert Cameron, Secretary - 3/21/96 (305) 776-7815**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)