

FILE NOW: FILING FEE IS \$61.25

FILED  
Jun 22 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # 709365 (1)

STANLEY AXLRD UTD TOWERS, INC.



Principal Place of Business  
1809 BRICKELL AVENUE  
MIAMI FL 33129

Mailing Address  
1809 BRICKELL AVENUE  
MIAMI FL 33129

3. Date Incorporated or Qualified

07/29/1965

4. FEI Number

59-6169721

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

7. Is this nonprofit corporation a homeowners association?



Yes No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.



Yes No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

9. Name and Address of Current Registered Agent

OTTO, SYLVIA  
940 SW 52ND AVENUE  
PLANTATION FL 33317

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME             | STREET ADDRESS       | CITY-ST-ZIP       | DELETED                             |
|-------|------------------|----------------------|-------------------|-------------------------------------|
| D     | ADAMS, LEOLA     | 3200 NW 170TH STREET | OPA LOCKA FL      | <input type="checkbox"/>            |
| D     | COLMAN, ANN      | 11742 SW 107TH COURT | MIAMI FL          | <input type="checkbox"/>            |
| D     | CRUSE, WILLETTE  | 14621 PIERCE STREET  | MIAMI FL          | <input type="checkbox"/>            |
| D     | MEGIAS, SERGIO   | 17078 NW 12TH STREET | PEMBROKE PINES FL | <input type="checkbox"/>            |
| D     | PORTER, PHYLLIS  | 11252 SW 129TH COURT | MIAMI FL          | <input checked="" type="checkbox"/> |
| D     | RODRIGUEZ, LIDIA | 3731 SW 29TH STREET  | MIAMI FL          | <input checked="" type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME           | 1.3 STREET ADDRESS  | 1.4 CITY-ST-ZIP          | Change                   | Addition                            |
|-----------|--------------------|---------------------|--------------------------|--------------------------|-------------------------------------|
|           | ROSEMARY TANN      | 2001 NW 180 WAY     | PEMBROKE PINES, FL 33029 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2.1 TITLE | 2.2 NAME           | 2.3 STREET ADDRESS  | 2.4 CITY-ST-ZIP          | Change                   | Addition                            |
|           | PRABHAKAR, JAYARAJ | 4590 NW 79TH AVENUE | MIAMI, FL 33166-6313     | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3.1 TITLE | 3.2 NAME           | 3.3 STREET ADDRESS  | 3.4 CITY-ST-ZIP          | Change                   | Addition                            |
|           | KNIGHT, JEFFREY    | 2105 N 66TH AVENUE  | HOLLYWOOD, FL 33024      | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4.1 TITLE | 4.2 NAME           | 4.3 STREET ADDRESS  | 4.4 CITY-ST-ZIP          | Change                   | Addition                            |
|           |                    |                     |                          | <input type="checkbox"/> | <input type="checkbox"/>            |
| 5.1 TITLE | 5.2 NAME           | 5.3 STREET ADDRESS  | 5.4 CITY-ST-ZIP          | Change                   | Addition                            |
|           |                    |                     |                          | <input type="checkbox"/> | <input type="checkbox"/>            |
| 6.1 TITLE | 6.2 NAME           | 6.3 STREET ADDRESS  | 6.4 CITY-ST-ZIP          | Change                   | Addition                            |
|           |                    |                     |                          | <input type="checkbox"/> | <input type="checkbox"/>            |

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ADDITIONAL SIGNATURE

CR2E037 (10/97)