NONPROFIT CORPORATION ANNUAL REPORT

1999*



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 709365

1. Corporation Name

STANLEY AXLROD UTD TOWERS, INC.

		usiness

2. Principal Place of Business

Suite, Apt. #, etc.

22

Mailing Address

1809 BRICKELL AVENUE MIAMI FL 33129 1809 BRICKELL AVENUE MIAMI FL 33129

2a. Mailing Address

Suite, Apt. #, etc.

26

27

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

01-23-1999 90019 043 ****61.25

3. Date Incorporated or Qualifed

07/29/1965

59-6169721

4. FEI Number

9. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable)							
24 25 29 30 Trust Fund Contribution Added to Fe 9. Name and Address of Current Registered Agent OTTO, SYLVA 940 SW 52ND AVENUE PLANTATION FL 33317 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 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 agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors, liheraby accept the appointment as registered agent, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. OFFICERS AND DIRECTORS 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 17. STREET ADDRESS	ed .						
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Vip 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 agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. It hereby accept the appointment as registe 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. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE D DELETE 1.1 TITLE D DELETE 1.1 TITLE D Change COLMAN, ANN 1.2 NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS 1742 SW 107TH COURT 1742 SW 107TH COURT							
OTTO, SYLVIA 940 SW 52ND AVENUE PLANTATION FL 33317 84 City FL 85 Zip Code 11. Fursuant 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 agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Ethereby accept the appointment as register agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS TILE D OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TILE D OFFICERS AND DIRECTORS 11. STREET ADDRESS CITY-ST-ZIP OPA LOCKA FL OPA LOCKA FL OCLIMAN, ANN STREET ADDRESS	es						
OTTO, SYLVIA 940 SW 52ND AVENUE PLANTATION FL 33317 84 City FL 85 Zip Code 11. Rursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing fits region office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors lihereby 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 algorithme required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE DAME ADAMS, LEOLA 3200 NW 170TH STREET 12 STREET ADDRESS CITY-ST-ZIP OPA LOCKA FL 14 CITY-ST-ZIP TITLE D COLMAN, ANN 1742 SW 107TH COURT							
940 SW 52ND AVENUE PLANTATION FL 33317 84 City FL 85 Zip Code 11. Rursuant 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 register office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Illhereby accept the appointment as registe agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE ADAMS, LEOLA STREET ADDRESS CITY ST. ZIP OPA LOCKA FL 1.4 CITY ST. ZIP TITLE COLMAN, ANN STREET ADDRESS	.						
PLANTATION FL 33317 84 City FL 85 Zip Code 1.1. 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/list registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. It hereby accept the appointment as register 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 algusture required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE D DELETE 1.1 TITLE ADAMS, LEOLA STREET ADDRESS CITY ST. ZIP TITLE D DELETE 1.2 TITLE COLMAN, ANN STREET ADDRESS							
## City ## Cit	.]						
11. Rursuant 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 region office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as register 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 relinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE DAMAME ADAMS, LEOLA 12.NAME STREET ADDRESS 3200 NW 170TH STREET DELETE 1.1 TITLE DAMAME COLMAN, ANN 1.3 STREET ADDRESS TITLE DELETE 2.1 TITLE Change Change Change That COLMAN, ANN 2.2 NAME STREET ADDRESS 1.742 SW 107TH COURT							
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 region office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Ithereby accept the appointment as registe agent. I am familiar with; and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE 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 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE D							
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. (Inereby accept the appointment as registered agent. Lam 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) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11 TITLE DAMME LEOLA 12 NAME 12 NAME 13 STREET ADDRESS 13 STREET ADDRESS 14 CITY-ST-ZIP DPA LOCKA FL 14 CITY-ST-ZIP DELETE 21 TITLE Change Change Change Change COLMAN, ANN 22 NAME STREET ADDRESS 11742 SW 107TH COURT 23 STREET ADDRESS 23 STREET ADDRESS 23 STREET ADDRESS 23 STREET ADDRESS 23	Lar Sansa						
agent. Lam familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE SIGNA	tered						
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12.							
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 TITLE D ADAMS, LEOLA 12 NAME STREET ADDRESS CITY-ST-ZIP OPA LOCKA FL 14 CITY-ST-ZIP TITLE D Change COLMAN, ANN 22 NAME STREET ADDRESS 11742 SW 107TH COURT 12 NAME 23 STREET ADDRESS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 1.1 TITLE Change Change Change Change Change Colling Change Colling Coll							
TITLE D DELETE 1.1 TITLE DAMS, LEOLA 1.2 NAME STREET ADDRESS 3200 NW 170TH STREET 1.3 STREET ADDRESS CITY-ST-ZIP DPA LOCKA FL 1.4 CITY-ST-ZIP DELETE 2.1 TITLE D DELETE 2.1 TITLE COLMAN, ANN 2.2 NAME STREET ADDRESS 11742 SW 107TH COURT 2.3 STREET ADDRESS 11742 SW 107TH COURT 2.3 STREET ADDRESS							
NAME ADAMS, LEOLA 12 NAME STREET ADDRESS 3200 NW 170TH STREET 1.3 STREET ADDRESS CITY-ST-ZIP OPA LOCKA FL 1.4 CITY-ST-ZIP TITLE D DELETE 2.1 TITLE COLMAN, ANN 22 NAME STREET ADDRESS 11742 SW 107TH COURT 2.3 STREET ADDRESS	N 12						
STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OPA LOCKA FL 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP TITLE D Change COLMAN, ANN 22 NAME STREET ADDRESS 1.1742 SW 107TH COURT 2.3 STREET ADDRESS	Addition						
CITY-ST-ZIP OPA LOCKA FL 1.4 CITY-ST-ZIP TITLE D DELETE 2.1 TITLE D COLMAN, ANN 2.2 NAME STREET ADDRESS 11742 SW 107TH COURT 2.3 STREET ADDRESS	*						
TITLE D DELETE 2.1 TITLE COLMAN, ANN STREET ADDRESS 11742 SW 107TH COURT 2.3 STREET ADDRESS							
NAME COLMAN, ANN 22 NAME STREET ADDRESS 11742 SW 107TH COURT 23 STREET ADDRESS							
STREET ADDRESS 11742 SW 107TH COURT 23 STREET ADDRESS	Addition						
STREET ADDRESS 11742 SW 107TH COURT 23 STREET ADDRESS	.						
\$4.50 m 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
CITY-ST-ZIP MIAMI FL 2.4 CITY-ST-ZIP							
· · · · · · · · · · · · · · · · · · ·	Addition						
NAME TO SEE CRUSE, WILLETTE 32 NAME							
STREET ADDRESS 14621 PIERCE STREET 3.3 STREET ADDRESS							
CITY-ST-ZIP MIAMI FL							
	Addition						
NAME PROTEST MEGIAS, SERGIO 1 4.2 NAME							
STREET ADDRESS 17078 NW 12TH STREET 4.3 STREET ADDRESS							
CITY-ST-ZIP PEMBROKE PINES FL 44 CITY-ST-ZIP 44 CITY-ST-ZIP) (1)						
	Addition						
NAME TANN, ROSEMARY 52 NAME							
STREET ADDRESS 2001 NW 180 WAY 5.3 STREET ADDRESS							
CITY-ST-ZIP PEMBROKE PINES FL 33029 5.4 CITY-ST-ZIP							
THE BOYN SA COS	Addition						
NAME PRABHAKAR, JAYARAJ 62 NAME							
STREET ADDRESS 4590 NW 79TH AVENUE 6.3 STREET ADDRESS	-						
CITY-ST-ZIP MIAMI FL 33166-6313 64-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 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 of the same legal affect as if made under certify that I am	nation						

4. I hereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(1), 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 eath; 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, with all other like empowered.

SNATURE: SIGNAT 355 BEOMREI
SIGNATURE AND TYPED OR PRINTED JOME OF SIGNING OFFICER OR DIRECTOR

1/5/99 (305) 854-0225

CR2E037 (11/98)

Applied For

Not Applicable