


FILE NOW: FILING FEE IS \$61.25

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May 06, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 713713

1. Corporation Name

STARLIGHT TOWERS ASSOCIATION, INC.

Principal Place of Business

6000 N. OCEAN BLVD.
FT. LAUDERDALE FL 33308

Mailing Address

6000 N. OCEAN BLVD.
FT. LAUDERDALE FL 33308



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		11/29/1967	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1234157	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		Trust Fund Contribution	
24		25		29	
Country		Country		30	

9. Name and Address of Current Registered Agent

POLIAKOFF, GARY A
3111 STIRLING RD
FT LAUDERDALE FL 33312-3525

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELESKI, WILLIAM	1.2 NAME	
STREET ADDRESS	6000 N. OCEAN BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUD FL	1.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TERNAVISIO, EMILY	2.2 NAME	
STREET ADDRESS	6000 N OCEAN BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUD. FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DURLING, JEAN	3.2 NAME	
STREET ADDRESS	6000 N. OCEAN BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FAELLA, JOHN	4.2 NAME	ALTERNATE DIRECTOR
STREET ADDRESS	6000 N. OCEAN BLVD	4.3 STREET ADDRESS	RAY McPADDEN
CITY-ST-ZIP	FT LAUDERDALE FL	4.4 CITY-ST-ZIP	6000 N OCEAN BLVD
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOURADJIAN, ARAM	5.2 NAME	
STREET ADDRESS	6000 N OCEAN BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	5.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MIDDLETON, MARY	6.2 NAME	SECRETARY -
STREET ADDRESS	6000 N OCEAN BLVD	6.3 STREET ADDRESS	BILL MARRIOTT
CITY-ST-ZIP	FT. LAUDERDALE FL	6.4 CITY-ST-ZIP	6000 N OCEAN BLVD

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, with all other like empowered.

SIGNATURE

William Meleski
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM MELESKI

Date

4-28-99

Daytime Phone #

954-943-4500

CR2E037 (11/98)