FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 23 PM 3:27

DOCUMENT # **716651** **(5)**

1. Corporation Name
HILLSBORO LIGHT TOWERS, INC.

Principal Place of Business	Mailing Address
2639 NO RIVERSIDE DRIVE POMPANO BEACH FL 33062	2639 NO RIVERSIDE DRIVE POMPANO BEACH FL 33062

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/30/1969**
3a. Date of Last Report: **02/25/1994**
4. FEI Number: **59-1407433** ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

DIXON, CARLOS
2639 N. RIVERSIDE DRIVE., #702
POMPANO BCH FL 33062

10. Name and Address of New Registered Agent

81 Name: VIGNOLA, CAROL
82 Street Address (P.O. Box Number is Not Acceptable): 2639 N. RIVERSIDE DR #702
83: POMPANO BEACH, FL. 33062
84 City: **FL** 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: Carol Vignola — CAROL VIGNOLA — 1/24/95
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when mailing(s) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	P-D ☒ Change ☐ Addition
NAME	DIXON, CARLOS	12 NAME	VIGNOLA, CAROL
STREET ADDRESS	2639 N. RIVERSIDE DRIVE, #702	13 STREET ADDRESS	2639 N. RIVERSIDE DR #702
CITY-ST-ZIP	POMPANO BEACH FL	14 CITY-ST-ZIP	POMPANO BCH, FL 33062
TITLE	SD	21 TITLE	☒ Change ☐ Addition
NAME	WILLIAMS, THOMAS	22 NAME	SD-HOWLETT, JANICE
STREET ADDRESS	2639 N. RIVRSIDE DR 1205	23 STREET ADDRESS	2639 N.RIVERSIDE DR #406
CITY-ST-ZIP	POMPANO BCH FL	24 CITY-ST-ZIP	POMPANO BCH, FL 33062
TITLE	BM	31 TITLE	D-BM ☒ Change ☐ Addition
NAME	MULCAHY, KENNETH	32 NAME	PERKINS, JOHN
STREET ADDRESS	2639 N. RIVRSIDE DR. 603	33 STREET ADDRESS	285 NE 175th St
CITY-ST-ZIP	POMPANO BCH FL	34 CITY-ST-ZIP	N. MIAMI, FL 33162
TITLE	TD	41 TITLE	☐ Change ☐ Addition
NAME	CAWEST, ALFRED	42 NAME	
STREET ADDRESS	2639 N RIVERSIDE DR #503	43 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	44 CITY-ST-ZIP	
TITLE	VP	51 TITLE	D-VP ☒ Change ☐ Addition
NAME	BOWERS, THEODORE	52 NAME	JACOBSEN, WALTER
STREET ADDRESS	2639 N. RIVERSIDE DRIVE, #302	53 STREET ADDRESS	2639 N. RIVERSIDE DR #704
CITY-ST-ZIP	POMPANO BEACH FL	54 CITY-ST-ZIP	POMPANO BCH FL 33062
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-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)(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: Carol Vignola — CAROL VIGNOLA — 1/24/95 — 305/785-6374
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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