FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

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

3. Date Incorporated or Qualified: 05/30/1969

3a. Date of Last Report: 02/23/1995

2. Principal Place of Business — 21

2a. Mailing Address — 26

4. FEI Number: 59-1407433 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22

Suite, Apt. #, etc. — 27

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State — 23

City & State — 28

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip — 24 Country — 25

Zip — 29 Country — 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

VIGNOLA, CAROL
2639 N RIVERSIDE DR., #702
POMPANO BCH FL 33062

10. Name and Address of New Registered Agent

81 Name: BEN BERGER

82 Street Address (P.O. Box Number is Not Acceptable): ALLSTATE PROP. MGT & REALTY

83: 21000 BOCA RIO RD A-9

84 City: BOCA RATON FL 85 Zip Code: 33433

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: Ben Berger — 3/29/96

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	☑ DELETE	1.1 TITLE	PD JOHN SPITZBERG	☑ Change ☐ Addition
NAME	VIGNOLA, CAROL		1.2 NAME		
STREET ADDRESS	2639 N RIVERSIDE DRIVE #702		1.3 STREET ADDRESS	2639 N. RIVERSIDE DR. #301	
CITY-ST-ZIP	POMPANO BEACH FL		1.4 CITY-ST-ZIP	POMPANO BEACH, FL 33062	
TITLE	SD	☑ DELETE	2.1 TITLE	DVP	☐ Change ☑ Addition
NAME	HOWLETT, JANICE		2.2 NAME	PAT BURKE	
STREET ADDRESS	2639 N RIVERSIDE DR #406		2.3 STREET ADDRESS	2639 N. RIVERSIDE DR. #401	
CITY-ST-ZIP	POMPANO BCH FL		2.4 CITY-ST-ZIP	POMPANO BEACH, FL 33062	
TITLE	DBM	☐ DELETE	3.1 TITLE	TD	☐ Change ☑ Addition
NAME	PERKINS, JOHN		3.2 NAME	CLINT WORTHLEY	
STREET ADDRESS	285 NE 175TH ST		3.3 STREET ADDRESS	2639 N. RIVERSIDE DR. #1505	
CITY-ST-ZIP	N MIAMI FL		3.4 CITY-ST-ZIP	POMPANO BEACH, FL 33062	
TITLE	TD	☑ DELETE	4.1 TITLE	SD	☐ Change ☑ Addition
NAME	CAWEST, ALFRED		4.2 NAME	TED PAWLIV	
STREET ADDRESS	2639 N RIVERSIDE DR #503		4.3 STREET ADDRESS	2639 N RIVERSIDE DR. #404	
CITY-ST-ZIP	POMPANO BEACH FL		4.4 CITY-ST-ZIP	POMPANO BEACH, FL 33062	
TITLE	DVP	☑ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	JACOBSEN, WALTER		5.2 NAME		
STREET ADDRESS	2639 N RIVERSIDE DR., #704		5.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	O	☐ Change ☐ Addition
NAME			6.2 NAME	ELANO DIBALLO	
STREET ADDRESS			6.3 STREET ADDRESS	2639 N. RIVERSIDE DR. #803	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	POMPANO BEACH, FL 33062	

CR2E037 (12/95)

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 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: [signature] — 4/2/96 — 954-783-9381

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #