FILE NOW: FILING FEE IS $61.25

FILED
May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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 33062-1236

3. Date Incorporated or Qualified: 05/30/1969
3a. Date of Last Report: 04/10/1996

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

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

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

9. Name and Address of Current Registered Agent

BERGER, BEN
ALLSTATE PROPERTY MANAGEMET REALTY
21000 BOCA RIO ROAD A-9
BOCA RATON FL 33433

10. Name and Address of New Registered Agent

81 Name: WORTHLEY, CLINTON
82 Street Address (P.O. Box Number is Not Acceptable): 2639 N. RIVERSIDE DR, #1506
83: POMPANO BEACH, FLA 33062-1237
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: Clinton Worthley — DATE: 5/12/97
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 IN 12		
TITLE	PD	☑ DELETE	1.1 TITLE	PD	☑ Change ☐ Addition
NAME	SPITZBERG, JOHN		1.2 NAME	HIGERD, SHARON	
STREET ADDRESS	2639 NORTH RIVERSIDE DRIVE #301		1.3 STREET ADDRESS	2639 N. RIVERSIDE DR. # 405	
CITY-ST-ZIP	POMPANO BEACH FL		1.4 CITY-ST-ZIP	POMPANO BEACH, FLA. 33062-1237	
TITLE	DVP	☑ DELETE	2.1 TITLE	VDP	☑ Change ☐ Addition
NAME	BURKE, PAT		2.2 NAME	LANGENSTUCK, MANFRED	
STREET ADDRESS	2639 NORTH RIVERSIDE DRIVE #401		2.3 STREET ADDRESS	2639 N. RIVERSIDE DR. #804	
CITY-ST-ZIP	POMPANO BCH FL		2.4 CITY-ST-ZIP	POMPANO BEACH, FLA. 33062-1237	
TITLE	DBM	☑ DELETE	3.1 TITLE	TD	☑ Change ☐ Addition
NAME	PERKINS, JOHN		3.2 NAME	WORTHLEY, CLINTON	
STREET ADDRESS	285 NE 175TH ST		3.3 STREET ADDRESS	2639 N. RIVERSIDE DR, # 1506	
CITY-ST-ZIP	N MIAMI FL		3.4 CITY-ST-ZIP	POMPANO BEACH, FLA. 33062-1237	
TITLE	SD	☑ DELETE	4.1 TITLE	SD	☑ Change ☐ Addition
NAME	PAWCIO, TED		4.2 NAME	MAY, MARY ANN	
STREET ADDRESS	2639 NORTH RIVERSIDE DRIVE #404		4.3 STREET ADDRESS	2639 N. RIVERSIDE DR, # 604	
CITY-ST-ZIP	POMPANO BEACH FL		4.4 CITY-ST-ZIP	POMPANO BEACH, FLA 33062-1237	
TITLE	D	☑ DELETE	5.1 TITLE	D	☐ Change ☐ Addition
NAME	DINALLO, ELANO		5.2 NAME	DINALLO, ELENA	
STREET ADDRESS	2639 NORTH RIVERSIDE DRIVE #803		5.3 STREET ADDRESS	2639 N. RIVERSIDE DR, # 803	
CITY-ST-ZIP	POMPANO BEACH FL		5.4 CITY-ST-ZIP	POMPANO BEACH, FLA. 33062-1237	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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: Clinton Worthley — 5/12/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #