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Mar 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **716651** (5)
1. Corporation Name
HILLSBORO-LIGHT TOWERS, INC.

Principal Place of Business 2639 NO RIVERSIDE DRIVE POMPANO BEACH FL 33062	Mailing Address 2639 NO RIVERSIDE DRIVE POMPANO BEACH FL 33062
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 05/30/1969	
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. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent WORTHLEY, CLINTON 2639 N RIVERSIDE DR #1506 POMPANO BCH FL 33062
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10. Name and Address of New Registered Agent 81 Name SHEARER, William G. 82 Street Address (P.O. Box Number is Not Acceptable) 2639 N. Riverside Dr PH4 83 84 City Pompano Beach FL 85 Zip Code 33062
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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 William G. Shearer Treasurer William G. Shearer 2/27/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DAY

12. OFFICERS AND DIRECTORS	
TITLE	PD ☐ DELETE
NAME	HIGERD, SHARON
STREET ADDRESS	2639 N RIVERSIDE DR #405
CITY-ST-ZIP	POMPANO BEACH FL
TITLE	VPD ☒ DELETE
NAME	LANGORNSTRUCK, MANFRED
STREET ADDRESS	2639 N RIVERSIDE DR #804
CITY-ST-ZIP	POMPANO BCH FL
TITLE	TD ☒ DELETE
NAME	WORTHLEY, CLINTON
STREET ADDRESS	2639 N RIVERSIDE DR #1506
CITY-ST-ZIP	POMPANO BCH FL
TITLE	SD ☒ DELETE
NAME	MAY, MARY A
STREET ADDRESS	2639 N RIVERSIDE DR #804
CITY-ST-ZIP	POMPANO BEACH FL
TITLE	D ☒ DELETE
NAME	DINALLO, ELENA
STREET ADDRESS	2639 NORTH RIVERSIDE DRIVE #803
CITY-ST-ZIP	POMPANO BEACH FL
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	VPD ☒ Change ☐ Addition
2.2 NAME	Moore, Arthur
2.3 STREET ADDRESS	2639 N. Riverside Dr #1103
2.4 CITY-ST-ZIP	Pompano Beach FL 33062
3.1 TITLE	TD ☒ Change ☐ Addition
3.2 NAME	Shearer, William G.
3.3 STREET ADDRESS	2639 N. Riverside Dr PH4
3.4 CITY-ST-ZIP	Pompano Beach, FL 33062
4.1 TITLE	SD ☒ Change ☐ Addition
4.2 NAME	Spitzberg, John
4.3 STREET ADDRESS	2639 N. Riverside Dr #301
4.4 CITY-ST-ZIP	Pompano Beach FL 33062
5.1 TITLE	D ☒ Change ☐ Addition
5.2 NAME	Kaufman, Mike
5.3 STREET ADDRESS	2639 N. Riverside Dr #201
5.4 CITY-ST-ZIP	Pompano Beach, FL 33062
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 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: William G. Shearer William G. Shearer Treasurer (954) 785-5611

CR2E037 (10/97)