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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **716651**

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 05/30/1969
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1407433 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

SHEARER, WILLIAM G
2639 N RIVERSIDE DR
PH 4
POMPANO BCH FL 33062

10. Name and Address of New Registered Agent

81 Name: CLINT WORTHLEY
82 Street Address (P.O. Box Number is Not Acceptable): 2639 N RIVERSIDE DR #1506
83
84 City: POMPANO BEACH FL 85 Zip Code: 33062

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 TD — Clinton Worthley — DATE: 2/24/99
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	HIGERD, SHARON		1.2 NAME	TONY FROTHINGHAM	
STREET ADDRESS	2639 N RIVERSIDE DR #405		1.3 STREET ADDRESS	2639 N. RIVERSIDE DR # 1006	
CITY-ST-ZIP	POMPANO BEACH FL		1.4 CITY-ST-ZIP	POMPANO BEACH, FL 33062	
TITLE	VPD	☐ DELETE	2.1 TITLE	VPD	☒ Change ☐ Addition
NAME	MOORE, ARTHUR		2.2 NAME	ART MOORE	
STREET ADDRESS	2639 N RIVERSIDE DR, #1103		2.3 STREET ADDRESS	2639 N. RIVERSIDE DR # 1103	
CITY-ST-ZIP	POMPANO BCH FL 33062		2.4 CITY-ST-ZIP	POMPANO BEACH, FL 33062	
TITLE	TD	☐ DELETE	3.1 TITLE	TD	☒ Change ☐ Addition
NAME	SHEARER, WILLIAM G		3.2 NAME	CLINT WORTHLEY	
STREET ADDRESS	2639 N RIVERSIDE DR, PH4		3.3 STREET ADDRESS	2639 N. RIVERSIDE DR # 1506	
CITY-ST-ZIP	POMPANO BCH FL 33062		3.4 CITY-ST-ZIP	POMPANO BEACH, FL 33062	
TITLE	SD	☐ DELETE	4.1 TITLE	SD	☒ Change ☐ Addition
NAME	SPITZBERG, JOHN		4.2 NAME	JOANNE SHEARER	
STREET ADDRESS	2639 N RIVERSIDE DR, #301		4.3 STREET ADDRESS	2639 N. RIVERSIDE DR # 1504	
CITY-ST-ZIP	POMPANO BEACH FL 33062		4.4 CITY-ST-ZIP	POMPANO BEACH, FL 33062	
TITLE	D	☐ DELETE	5.1 TITLE	D	☒ Change ☐ Addition
NAME	KAUFMAN, MIKE		5.2 NAME	JANET PAULSWEIT	
STREET ADDRESS	2639 N RIVERSIDE DR, #201		5.3 STREET ADDRESS	2639 N. RIVERSIDE DR # 704	
CITY-ST-ZIP	POMPANO BEACH FL 33062		5.4 CITY-ST-ZIP	POMPANO BEACH, FL 33062	
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 (11/98)

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: SIGNATURE REQUIRED — 2/23/99 — 954-782-5686
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #