

FILE NOW: FILING FEE IS \$61.25

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Jan 24 1997 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 757985 (7)

1. Corporation Name

HOLLYWOOD BEACH TOWER ASSOCIATION, INC.



Principal Place of Business	Mailing Address
301 HARRISON STREET HOLLYWOOD FL 33019-1721	301 HARRISON STREET HOLLYWOOD FL 33019-1721

3. Date Incorporated or Qualified 05/11/1981	3a. Date of Last Report 01/25/1996
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

4. FEI Number 59-2314286	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
MEYROWITZ, ANDREW R. DEVELOPMENT CONSULTANTS, INC. 2901 SIMMS ST. HOLLYWOOD FL 33020	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
FL	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	SD <input type="checkbox"/> DELETE
NAME	OTTINO, J.P., III
STREET ADDRESS	2733 NE 18 TERR.
CITY-ST-ZIP	WILTON MANORS FL 33306
TITLE	VD <input type="checkbox"/> DELETE
NAME	BRUNELL, DAVID
STREET ADDRESS	5970 NE 21ST CIRCLE
CITY-ST-ZIP	FT. LAUDERDALE FL 33308
TITLE	T <input type="checkbox"/> DELETE
NAME	LEVINE, MAE
STREET ADDRESS	3234 N.W. 88TH AVENUE
CITY-ST-ZIP	SUNRISE FL 33321
TITLE	D <input type="checkbox"/> DELETE
NAME	SAURO, JOSEPH P.
STREET ADDRESS	11620 NW 23RD STREET
CITY-ST-ZIP	PEMBROKE PINES FL
TITLE	CPD <input type="checkbox"/> DELETE
NAME	CAREY, CECELIA T.
STREET ADDRESS	7961 NW 13TH STREET
CITY-ST-ZIP	PEMBROKE PINES FL 33024
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: Cecelia T. Carey  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date \_\_\_\_\_ Daytime Phone # 0023516

CR2E037 (9/96)