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Feb 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 301 HARRISON STREET HOLLYWOOD FL 33019-1721	Mailing Address 301 HARRISON STREET HOLLYWOOD FL 33019-1721
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29
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3. Date Incorporated or Qualified 05/11/1981
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4. FEI Number 59-2314286	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent MEYROWITZ, ANDREW R. DEVELOPMENT CONSULTANTS, INC. 2901 SIMMS ST. HOLLYWOOD FL 33020	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OTTINO, J.P., III	1.2 NAME	
STREET ADDRESS	2733 NE 18 TERR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	WILTON MANORS FL 33306	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	CPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUNELL, DAVID	2.2 NAME	
STREET ADDRESS	5970 NE 21ST CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVINE, MAE	3.2 NAME	
STREET ADDRESS	3234 N.W. 88TH AVENUE	3.3 STREET ADDRESS	13383 Pineapple Palm A
CITY-ST-ZIP	SUNRISE FL 33321	3.4 CITY-ST-ZIP	Delray Beach, FL 33484
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAURO, JOSEPH P.	4.2 NAME	
STREET ADDRESS	11620 NW 23RD STREET	4.3 STREET ADDRESS	697 NW 129th Way
CITY-ST-ZIP	PEMBROKE PINES FL	4.4 CITY-ST-ZIP	Pembroke Pines, FL 33028
TITLE	CPD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAREY, CECILIA T.	5.2 NAME	
STREET ADDRESS	7961 NW 13TH STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	AMZAND, EDWARD
STREET ADDRESS		6.3 STREET ADDRESS	12371 SE 16th Ave.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Morrison, FL 32668

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:  MAE LEVINE 1/7/98 (954) 920-5133

CH2E037 (10/97)