


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Jun 30, 1999 8:00 am**  
**Secretary of State**

06-30-1999 90006 044 \*\*\*\*61.25

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT #</b> 757985 (7)					
<b>1. Corporation Name</b> HOLLYWOOD BEACH TOWER ASSOCIATION, INC.					
<b>Principal Place of Business</b> 301 Harrison Street Hollywood, FL 330191721			<b>Mailing Address</b> 301 Harrison Street Hollywood, FL 33019-1721		
<b>2. Principal Place of Business</b> 21 Suite, Apt. #, etc.		<b>2a. Mailing Address</b> 26 Suite, Apt. #, etc.		<b>3. Date Incorporated or Qualified</b> 5/11/1981 1/25/98	
<b>22. City &amp; State</b> 23 Zip Country		<b>27. City &amp; State</b> 28 Zip Country		<b>4. FEI Number</b> 59-2314286	
<b>24. City &amp; State</b> 25 Zip Country		<b>29. City &amp; State</b> 30 Zip Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>24. City &amp; State</b> 25 Zip Country		<b>29. City &amp; State</b> 30 Zip Country		<b>6. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>9. Name and Address of Current Registered Agent</b> MEYROWITZ, ANDREW R. Development Consultants, INC. 2901 Simms Street Hollywood, FL 33020			<b>10. Name and Address of New Registered Agent</b> 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
<b>12. OFFICERS AND DIRECTORS</b>			<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>		
<b>1.1 TITLE</b> SD <input checked="" type="checkbox"/> DELETE <b>1.2 NAME</b> OTTINO, J.P., III <b>1.3 STREET ADDRESS</b> 2733 NE 08th Terr. Suite 115 <b>1.4 CITY-ST-ZIP</b> Wilton Manors, FL 33306			<b>1.1 TITLE</b> SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1.2 NAME</b> OTTINO, J.P., III <b>1.3 STREET ADDRESS</b> 3015 N. Ocean Blvd., Suite 115 <b>1.4 CITY-ST-ZIP</b> Ft. Lauderdale, FL 33308		
<b>2.1 TITLE</b> VD <input checked="" type="checkbox"/> DELETE <b>2.2 NAME</b> BRUNELL, DAVID <b>2.3 STREET ADDRESS</b> 5970 NE 21st Circle <b>2.4 CITY-ST-ZIP</b> Ft. Lauderdale, FL 33308			<b>2.1 TITLE</b> VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2.2 NAME</b> JOSEPH SAURO <b>2.3 STREET ADDRESS</b> 697 NW 129th Way <b>2.4 CITY-ST-ZIP</b> Pembroke Pines, FL 33028		
<b>3.1 TITLE</b> T <input checked="" type="checkbox"/> DELETE <b>3.2 NAME</b> MAE LEVINE <b>3.3 STREET ADDRESS</b> 3234 B.W, 88th Avenue <b>3.4 CITY-ST-ZIP</b> Sunrise, FL 33321			<b>3.1 TITLE</b> T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3.2 NAME</b> MAE LEVINE <b>3.3 STREET ADDRESS</b> 13383 Pineapple Palm A <b>3.4 CITY-ST-ZIP</b> Delray Beach, FL 33484		
<b>4.1 TITLE</b> D <input checked="" type="checkbox"/> DELETE <b>4.2 NAME</b> SAURO, JOSEPH <b>4.3 STREET ADDRESS</b> 11620 NW 23rd Street <b>4.4 CITY-ST-ZIP</b> Pembroke Pines, FL 33024			<b>4.1 TITLE</b> D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>4.2 NAME</b> AMZAND, EDWARD <b>4.3 STREET ADDRESS</b> 12471 SE 16th Lane <b>4.4 CITY-ST-ZIP</b> Moristone, FL 32668		
<b>5.1 TITLE</b> CPD <input checked="" type="checkbox"/> DELETE <b>5.2 NAME</b> CAREY, CECILIA T. <b>5.3 STREET ADDRESS</b> 7961 NW 13th Street <b>5.4 CITY-ST-ZIP</b> Pembroke Pines, FL 33024			<b>5.1 TITLE</b> CPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>5.2 NAME</b> BRUNELL, DAVID <b>5.3 STREET ADDRESS</b> 23371 Blue Water Circle Apt. C412 <b>5.4 CITY-ST-ZIP</b> Boca Raton, FL 33433		
<b>6.1 TITLE</b> <input type="checkbox"/> DELETE <b>6.2 NAME</b> <b>6.3 STREET ADDRESS</b> <b>6.4 CITY-ST-ZIP</b>			<b>6.1 TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>6.2 NAME</b> <b>6.3 STREET ADDRESS</b> <b>6.4 CITY-ST-ZIP</b>		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/20/99 (954) 920-5133  
 Date Daytime Phone #