

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jan 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F93000001034 (8)

1. Corporation Name
TARPON TOWER, INC.

Principal Place of Business
P.O. BOX 521238
SALT LAKE CITY UT 84152-1238

Mailing Address
P.O. BOX 521238
SALT LAKE CITY UT 84152-1238



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/19/1993	
21		26		4. FEI Number 87-0494366	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		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	
24	Zip	25	Country		
29	Zip	30	Country		

9. Name and Address of Current Registered Agent HUEMER, ERICH 7400 INTERNATIONAL DRIVE ORLANDO FL 84119				10. Name and Address of New Registered Agent	
				81	Name Virginia H. Heintzelman
				82	Street Address (P.O. Box Number is Not Acceptable) 2655 Lakeshore Dr.
				83	
				84	City Orlando
				85	Zip Code FL 32803

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Virginia H. Heintzelman DATE 26 January 1998

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	D	<input type="checkbox"/> DELETE		1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HAMILTON, FINLEY M			1.2 NAME			
STREET ADDRESS	P.O. BOX 521238 N/A			1.3 STREET ADDRESS	3069 E. Carrigan Canyon Dr.		
CITY - ST - ZIP	SALT LAKE CITY UT 84152-1238			1.4 CITY - ST - ZIP	Salt Lake City, UT 84109		
TITLE	PD	<input type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PETERSON, MARILYN H			2.2 NAME			
STREET ADDRESS	P.O. BOX 521238 N/A			2.3 STREET ADDRESS	3069 E. Carrigan Canyon Dr.		
CITY - ST - ZIP	SALT LAKE CITY UT 84152-1238			2.4 CITY - ST - ZIP	Salt Lake City, UT 84109		
TITLE	S	<input type="checkbox"/> DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TOBLER, JENNIFER			3.2 NAME			
STREET ADDRESS	P.O. BOX 521238 N/A			3.3 STREET ADDRESS	3069 E. Carrigan Canyon Dr.		
CITY - ST - ZIP	SALT LAKE CITY UT 84152-1238			3.4 CITY - ST - ZIP	Salt Lake City, UT 84109		
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LINTON, JANE			4.2 NAME			
STREET ADDRESS	P.O. BOX 521238 N/A			4.3 STREET ADDRESS	2001 Browning Ave.		
CITY - ST - ZIP	SALT LAKE CITY UT 84152-1238			4.4 CITY - ST - ZIP	Salt Lake City, UT 84108		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY - ST - ZIP				5.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY - ST - ZIP				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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sandra B. Mortham REQUIRED

1/20/98 801 487 4098

CR2E034 (10/97)