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

PROFIT CORPORATION ANNUAL REPORT 1998 DOCUMENT

Principal Place of Business 6541 CAIRA DIXIE RD. CORYDON KY 42406

Suite, Apt. #, etc

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ELORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

F93000005412 (2)

NATIONWIDE TOWER COMPANY

2. Principal Place of Business 21 414 N INGRAM ST

C T CORPORATION SYSTEM

PLANTATION FL 33324

1200 SOUTH PINE ISLAND ROAD

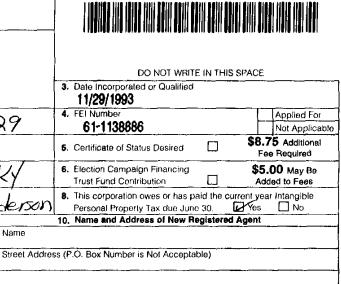
Mailing Address	
P.O. BOX 130	
POOLE KY 42444	

Suite, Apt. #, etc.

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Name and Address of Current Registered Agent

FILED Jun 09 1998 8:00am Secretary of State



Zip Code

85

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. Lam tamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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Name

City

agonina	and the control of the constitution of	, en, enconori del 15500, Fior	ned Statolos.					
SIGNATURE Signature: typed or profiled coming of registered agent and title it applicable (NOT). Registered Agent signature required when reinstating) DATE								
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS A		IS IN 12		
TITLE	PD	DELFTE	1.1 THILE		Change	Addition		
NAME .	JO HNSTON, HERMAN J		1.2 NAME	WACT CL DO	Quy 183	9		
STREET ADDRESS	PO BOX 130 N A		1.3 STREET ADDRESS	1414/1 IngRAMST, I.U.K	104 100	/		
CATY-ST-ZIP	POOLE KY 42444		1.4 CITY - ST - ZIP	44NIngRAMS+, P.O.A HendersonKy 42420				
TITLE	COBD	DELETE	2.1 TITLE	7	Change	Addition		
NAME	JO HNSTON, W D		2.2 NAME					
STREET ADDRESS	219 HEILMAN STREET		2.3 STREET ADDRESS					
CITY-ST-ZIP	HENDERSON KY 42420		2 4 CITY-St-ZIP					
TITLE	S	U DELETE	3 1 TITLE	VERRESIDEDORRIS P.O. BOX 1829 INA	Change	Addition		
NAME	EARLY, TOM		3.2 NAME	000000000000000000000000000000000000000				
STREET ADDRESS	PO BOX 130 N A		3.3 STREET ADDRESS	1.0.00x 100/ 1,111	^			
CITY-ST-ZIP	POOLE KY 42444	·	3.4. DITY - ST - ZIP	Henderson, RY 4241				
TITLE	T TABLE TO THE TAB	DELETE	4.1 TITLE	Simon	☐ Change	Addition		
NAME	EARLY, THOMAS		4. 2 NAME	Revin Roth P.O. Box 1829 INA Henderson, KY 4241		K /		
STREET ADDRESS	219 HEILMAN STREET		4.3 STREET ADDRESS	11.0.1000	~ 4	Ma		
CITY-ST-ZIP	HENDERSON KY 42420		4.4 CITY-ST-ZIP	HENDEYSON, KY 4241		19/		
TITLE		☐ DELETE	5.1 TITLE	,	☐ Change	Addition		
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET ADDRESS	2000025531	J1 - J1			
CITY-ST-ZIP			5.4 CITY-ST-ZIP	06/09/98-01123-				
TITLE		☐ DELETE	6.1 THLE	***150.00	ार्यदा Change	☐ Addition		
NAME I			6.2 NAME	The state of the s				
STREET ADDRESS			6.3 STREET ADDRESS					
AUTY 07 310	1		C L CATY CT 210	1		1		

14. Thereby 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 opporation or the receiver or trustee empowered o execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed or on an attachment with an profess.

PRESIDENT