

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 27, 1996 08:00 AM
Secretary of State

DOCUMENT # F95000002003 (0)

1. Corporation Name

PINNACLE TOWERS INC.



Principal Place of Business

8944 FISHERMAN'S BAY
SARASOTA FL 34231

Mailing Address

8944 FISHERMAN'S BAY
SARASOTA FL 34231

2. Principal Place of Business

2a. Mailing Address

21 1800 SECOND STREET

26 1800 SECOND STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 758

27 SUITE 758

City & State

City & State

23 SARASOTA, FL

28 SARASOTA, FL

Zip Country

Zip Country

24 34236

25

29 34236

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/25/1995

3a. Date of Last Report

4. FEI Number

APPLIED FOR 65-0574118

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 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

(Signature of Registered Agent or Registered Agent for Service of Process)

(Print Name of Registered Agent or Registered Agent for Service of Process)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
D
YUDKOFF, ROYCE
18 NEWBURY ST.
BOSTON MA 02116

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
D
KOENIG, PEGGY
18 NEWBURY ST.
BOSTON MA 02116

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
D
GARBER, PENI
18 NEWBURY ST.
BOSTON MA 02116

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
D
BANKS, ANDREW
22 CHURCH ST.
HAMILTON HM 11 BERMUDA

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
DPT
WOLSEY, ROBERT J
8944 FISHERMAN'S BAY
SARASOTA FL 34231

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
DVAS
DELL'APA, JAMIE
400 DOMER AVE.
TAKOMA PARK MD 20912

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

12. NAME ☐ Change ☐ Addition

13. STREET ADDRESS ☐ Change ☐ Addition

14. CITY, ST, ZIP ☐ Change ☐ Addition

2. TITLE ☐ Change ☐ Addition

27. NAME ☐ Change ☐ Addition

23. STREET ADDRESS ☐ Change ☐ Addition

24. CITY, ST, ZIP ☐ Change ☐ Addition

3. TITLE ☐ Change ☐ Addition

32. NAME ☐ Change ☐ Addition

33. STREET ADDRESS ☐ Change ☐ Addition

34. CITY, ST, ZIP ☐ Change ☐ Addition

4. TITLE ☐ Change ☐ Addition

42. NAME ☐ Change ☐ Addition

43. STREET ADDRESS ☐ Change ☐ Addition

44. CITY, ST, ZIP ☐ Change ☐ Addition

5. TITLE ☐ Change ☐ Addition

52. NAME ☐ Change ☐ Addition

53. STREET ADDRESS ☐ Change ☐ Addition

54. CITY, ST, ZIP ☐ Change ☐ Addition

6. TITLE ☐ Change ☐ Addition

62. NAME ☐ Change ☐ Addition

63. STREET ADDRESS ☐ Change ☐ Addition

64. CITY, ST, ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(g), 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 original attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMIE DELL'APA

2/22/96

941-364-8886

CR2E034 (12/95)