

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Apr 10, 1997 08:00 AM  
Secretary of State

DOCUMENT # F95000002003 (0)

1. Corporation Name  
PINNACLE TOWERS INC.



Principal Place of Business  
1800 2ND STREET  
SUITE 758  
SARASOTA FL 34236  
US

Mailing Address  
1800 SECOND STREET  
SUITE 758  
SARASOTA FL 34236-5900  
US

3. Date Incorporated or Qualified  
04/25/1995

3a. Date of Last Report  
02/27/1996

2. Principal Place of Business  
21 1549 RINGLING BLVD  
Suite, Apt. #, etc.

2a. Mailing Address  
26 1549 RINGLING BLVD  
Suite, Apt. #, etc.

22 THIRD FLOOR  
City & State

27 THIRD FLOOR  
City & State

23 SARASOTA, FL  
Zip Country

28 SARASOTA, FL  
Zip Country

24 34236 25 US 29 34236 30 US

4. FEI Number  
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

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	YUDKOFF, ROYCE	18 NEWBURY ST.	BOSTON MA 02118	<input type="checkbox"/>
D	KOENIG, PEGGY	18 NEWBURY ST.	BOSTON MA 02118	<input type="checkbox"/>
D	GARBER, PENI	18 NEWBURY ST.	BOSTON MA 02118	<input type="checkbox"/>
D	BANKS, ANDREW	22 CHURCH ST.	HAMILTON HM 11 BERMUDA	<input type="checkbox"/>
DPT	WOLSEY, ROBERT J	8944 FISHERMAN'S BAY	SARASOTA FL 34231	<input type="checkbox"/>
DVAS	DELL'APA, JAMIE	400 DOMER AVE.	TAKOMA PARK MD 20912	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

14. I do 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

*[Handwritten Signature]*

CR2E034 (9/96)