

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

FILED
May 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # F95000004438 (6)
1. Corporation Name

SOUTH ATLANTIC TOWER CORPORATION

Principal Place of Business

Mailing Address

614 WEST BAY STREET
SUITE 200
TAMPA FL 33606-2704

614 WEST BAY STREET
SUITE 200
TAMPA FL 33606-2704

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/13/1995

4. FEI Number

59-3276766

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 2 Summit Park Dr.

26 2 Summit Park Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 105

27 Suite 105

City & State

City & State

23 Independence OH

28 Independence OH

Zip

Zip

24 44131

29 44131

Country

Country

25 USA

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DONALD W. BORTON
614 W. BAY STREET, STE. 200
TAMPA FL 33606

81 Name

F. Howard Mandel c/o OmnitAmerica Inc

82 Street Address (P.O. Box Number is Not Acceptable)

777 S. Flagler Dr.

83

W. Tower 8th Fl, Ste 40

84 City

West Palm Beach

FL

85 Zip Code

33401

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)

4/24/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PCD	<input checked="" type="checkbox"/> DELETE
NAME	BURTON, DONALD W	
STREET ADDRESS	614 WEST BAY STREET STE 200	
CITY-ST-ZIP	TAMPA FL	

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MILLER, W S	
STREET ADDRESS	614 WEST BAY STREET STE 200	
CITY-ST-ZIP	TAMPA FL	

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BARBER, SANDRA P	
STREET ADDRESS	614 WEST BAY STREET STE 200	
CITY-ST-ZIP	TAMPA FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	Chairman of the Board	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Jack D. Furst	
1.3 STREET ADDRESS	200 Crescent Court, Ste 1000	
1.4 CITY-ST-ZIP	Dallas, TX 75201	

2.1 TITLE	President/CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Carl E. Hirsch	
2.3 STREET ADDRESS	777 S. Flagler Dr.	
2.4 CITY-ST-ZIP	W. Palm Beach FL 33401	

3.1 TITLE	Senior VP/COO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Anthony S. Crepek	
3.3 STREET ADDRESS	777 S. Flagler Dr.	
3.4 CITY-ST-ZIP	W. Palm Beach FL 33401	

4.1 TITLE	VP, Asst Secy	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Steven M. Smith	
4.3 STREET ADDRESS	2 Summit Park Dr, Suite 105	
4.4 CITY-ST-ZIP	Independence OH 44131	

5.1 TITLE	VP Asst Secy	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	F. Howard Mandel	
5.3 STREET ADDRESS	777 S. Flagler Dr.	
5.4 CITY-ST-ZIP	W. Palm Beach, FL 33401	

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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

4/24/96

(Signature)

CR2E034 (10/97)