

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 07, 1999 8:00 am  
Secretary of State

04-07-1999 90073 031 \*\*\*150.00

DOCUMENT # L98594

1. Corporation Name

BROADCAST SERVICES TOWER SERVICE, INC.

Principal Place of Business

423 SE 18TH TERR  
CAPE CORAL FL 3390  
US

Mailing Address

423 SE 18TH TERR  
CAPE CORAL FL 33990-2235  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/04/1990

4. FEI Number

65-0257159

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 the current year intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

ROUSKEY, NICK  
423 SE 18TH TER  
CAPE CORAL FL 33990

10. Name and Address of New Registered Agent

81 Name KATHLEEN ROUSKEY

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

423 S.E. 18th TERRACE

83

84 City CAPE CORAL.

FL

85 Zip Code

33990.

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

*Kathleen Rouskey*

(NOTE: Registered Agent signature required when reinstating)

DATE

3/31/99.

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE  
NAME ROUSKEY, NICK  
STREET ADDRESS 423 SE 18TH TER  
CITY-ST-ZIP CAPE CORAL FL

TITLE D ☒ DELETE  
NAME ROUSKEY, KATHLEEN  
STREET ADDRESS 423 SE 18TH TER  
CITY-ST-ZIP CAPE CORAL FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition  
1.2 NAME KATHLEEN ROUSKEY  
1.3 STREET ADDRESS 423 SE 18th TERRACE  
1.4 CITY-ST-ZIP CAPE CORAL, FL. 33990

2.1 TITLE M ☒ Change ☐ Addition  
2.2 NAME NICK ROUSKEY  
2.3 STREET ADDRESS 423 SE 18th TERRACE  
2.4 CITY-ST-ZIP CAPE CORAL, FL. 33990

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

*Kathleen Rouskey*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/99

Date

941-772 8296

Daytime Phone #

CR2E034 (11/98)