

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # L98936

(2)

1. Corporation Name

H & S TOWER SERVICE INC.

FILED
Jan 28 1997 8:00am
Secretary of State



Principal Place of Business

724 ALAMANDA DRIVE
NORTH PALM BEACH FL 33408

Mailing Address

724 ALAMANDA DRIVE
NORTH PALM BEACH FL 33408-4137

2. Principal Place of Business

21 1760 Clark Ave

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

22

27

City & State

23 W.P.B FL

28

Zip

24 33401

Country

25 Palm Bch

29

Zip

30

Country

9. Name and Address of Current Registered Agent

CLINE, HAROLD B.
724 ALAMANDA DRIVE
NORTH PALM BEACH FL 33408

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

Harold B. Cline

Harold B. Cline

1/14/97

DATE

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLINE, HAROLD B.		
STREET ADDRESS	724 ALAMANDA DRIVE		
CITY - ST - ZIP	N PALM BEACH FL		
TITLE	ST	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLINE, MELISSA M		
STREET ADDRESS	724 ALAMANDA DR		
CITY - ST - ZIP	NO PALM BCH FL		
TITLE	M	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DALBON, ANTHONY		
STREET ADDRESS	4373 DAFFODIL CIRCLE SOUTH		
CITY - ST - ZIP	PALM BCH GDNS FL		
TITLE		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
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NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

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 in an attachment with an address.

SIGNATURE:

Harold B. Cline 1/14/97 561
Signature and Typed or Printed Name of Signing Officer or Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)