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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998 DOCUMENT # P95000086102 (7) YOHAM TOWERS, INC. Principal Place of Business Mailing Address 6301 SUNSET DRIVE 6301 SUNSET DRIVE S MIAMI FL 33143 S MIAMI FL 33143 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/09/1995 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 59-1424114 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent CAPITAL CONNECTION, INC. 417 E. VIRGINIA STREET Street Address (P.O. Box Number is Not Acceptable) SUITE 1 83 TALLAHASSEE FL 32301 84 City Zip Code 85 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, typind or printed name of registered agent and trie it appeal and (NOTL flogistored Agent signature required when reinstating) (10/97) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change Addition YOHAM, WILLIAM E CR2E034 NAME 1.2 NAME 6301 SUNSET DRIVE STREET ADDRESS 1.3 STREET ADDRESS **SOUTH MIAMI FL 33143** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 31 TIME NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition Change TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE Change Addition TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP 500002507675 and -05/01/98-01055-014 \0 DELETE TITLE 6.1 TITLE NAME 6.2 NAME ***150.00 STREET ADDRESS 6.3 STREET ADDRESS

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 an an attachment with an address

6.4 CITY - ST - ZIP

SIGNATURE: ///las Sworter

4-21-93 (305)651-2411

FILED

May 01 1998 8:00am

Secretary of State