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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	P96000103330	(2)
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SBA COMMUNICATIONS CORPORATION

APPROVED AND FILED

1997 APR 30 PH 3: 15

SECRETARY OF STATE TALLAHASSEE, FLORIDA



6001 BROKEN SUITE 400 BOCA RATON	cc of Business SOUND PARKWAY FL 33487	Mailing Address 6001 BROKEN SOUND P. SUITE 400 BOCA RATON FL 33487-			-		
					3. Date Incorporated or Qualified 12/23/1996	3a. Date of Last	Report
2. Principal f	Place of Business	2a. Mailing Address 26			4. FEI Number 65 - 0716501		Applied For Not Applicable
Suite, Apt	. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75	Additional Regulred
City & Sta	le	City & State			Election Campaign Financing Trust Fund Contribution		May Be I to Fees
Zip 24	Country 25	Z ₁ p	Cour 30	itry	This corporation has liability for Florida Statutes	Yes No	s. 199.032,
- LIAI	9. Name and Address of Curren			81 Name	10, Name and Address of New Re	·*····	
1	DES-FAULI CORPORATE SERVICI SOLITH ELAGER DRIVE	ES, INC.	L	- L CORPO	ORATION SERVICE C	OMPANY	
	777 SOUTH FLAGER DRIVE EAST TOWER, SUITE 500			82 Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET			
	ST PALM BEACH FL 33401]	B3			
	,		ì	64 City	AHASSEE	FL 85 Zq	Code 301
SIGNATURE	redistered agent, or both-in-the Share of Tavillar with, and accept the obliga- alignatur lighted or printed name of registered age OFFICERS AN	nt and atter applicable. (N	Maj 07E: Registered		coration submits this statement for the priori's board of directors. I hereby acce	DATE	
12.	President (CO)D	DELETE	13.	, ,	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTO	
NAME:	Steven & Bernster		1.2 NA	-	evin Landry.	Land Grienige	in the second
STREET ADDRESS	6001 Broken Sound PK	WU. Suite HAA	1.3 STR	EET ADDRESS 60	ool Broken Sound PK	wy, Suite	400
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I am an officer or director of the corporation of the deciver or Justee of appears in Block 12 or Block 13 if changed on an attachment and annual report of the corporation of the deciver or Justee of appears in Block 12 or Block 13 if changed on an attachment and attachment attachment and attachment attachment and attachment att where and accurate and that my signature shall have the same legal effect as if made under oath; that powered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

HEOMHED SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

Daytime Phone # 0007064