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Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90260 030 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000061827

1. Corporation Name

COMMUNICATION SITE SERVICES, INC.

Principal Place of Business 2530 N.E. 38TH AVE. OCALA FL 34470	Mailing Address GENERAL COUNSEL ONE TOWN CENTER ROAD., 3RD FLOOR BOCA RATON FL 33486 ATTN: Legal Department
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 07/16/1997 4. FEI Number 65-0767399 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes the current year intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
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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)

DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PCEO NAME BERNSTEIN, STEVEN E STREET ADDRESS ONE TOWN CENTER ROAD., 3RD FLOOR CITY-ST-ZIP BOCA RATON FL 33486	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE D NAME BERNSTEIN, STEVEN E STREET ADDRESS ONE TOWN CENTER ROAD., 3RD FLOOR CITY-ST-ZIP BOCA RATON FL 33486	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE EVD NAME BIZICK, RONALD G II STREET ADDRESS ONE TOWN CENTER ROAD., 3RD FLOOR CITY-ST-ZIP BOCA RATON FL 33486	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE SVT NAME GROBSTEIN, ROBERT M STREET ADDRESS ONE TOWN CENTER ROAD., 3RD FLOOR CITY-ST-ZIP BOCA RATON FL 33486	4.1 TITLE SVT 4.2 NAME Grobstein Robert M. 4.3 STREET ADDRESS one town center road third floor 4.4 CITY-ST-ZIP boca raton, fl 33486
TITLE AS NAME GROBSTEIN, ROBERT M STREET ADDRESS ONE TOWN CENTER ROAD., 3RD FLOOR CITY-ST-ZIP BOCA RATON FL 33486	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE SVSD NAME STOOPS, JEFFREY A STREET ADDRESS ONE TOWN CENTER ROAD., 3RD FLOOR CITY-ST-ZIP BOCA RATON FL 33486	6.1 TITLE 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:

 A Stoop 4/20/99 (561) 226-9254

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)