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Mar 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # V34018 (4)
 1. Corporation Name:
L. P. HI TOWER, INC.



Principal Place of Business: **9364 NW 18TH PL PLANTATION FL 33322**
 Mailing Address: **9364 NW 18TH PL PLANTATION FL 33322-5654**

3. Date Incorporated or Qualified: **05/06/1992**
 3a. Date of Last Report: **04/12/1996**

2. Principal Place of Business: **465 U.S. 27 N.**
 2a. Mailing Address: **P.O. Box 68**
 22. Suite, Apt. #, etc.:
 27. Suite, Apt. #, etc.:
 23. City & State: **Lake Placid, FL**
 28. City & State: **Lake Placid FL**
 24. Zip: **33852** Country:
 29. Zip: **33852** Country:

4. FEI Number: **65-0335206**
 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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent:
SWEIGART, HENRY W.
9364 NW 18TH PL
PLANTATION FL 33322

10. Name and Address of New Registered Agent:
 B1 Name:
 B2 Street Address (P.O. Box Number is Not Acceptable): **9342 SW 1st St.**
 B3:
 B4 City: **Plantation** FL B5 Zip Code: **33324**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	SWEIGART, HENRY W	
STREET ADDRESS	9364 NW 18TH PL	
CITY - ST - ZIP	PLANTATION FL	
TITLE	DVS	<input type="checkbox"/> DELETE
NAME	KRAMSER, GEORGE	
STREET ADDRESS	8821 LAKE DASHA DR. SO.	
CITY - ST - ZIP	FT. LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	9342 SW 1st St.
1.4 CITY - ST - ZIP	Plantation, FL 33324
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(j), 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.

SIGNATURE: Henry W. Swigart **3/5/97** Date: **954-474-5264** Daytime Phone #

CR2E034 (9/96)