


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

FILED
Apr 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V34018 (4)

1. Corporation Name
L. P. HI TOWER, INC.

Principal Place of Business 465 U.S. 27 N. LAKE PLACID FL 33852 US	Mailing Address PO BOX 68 LAKE PLACID FL 33852 US
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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	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country 29
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3. Date Incorporated or Qualified 05/06/1992	4. FEI Number 65-0335206	Applied For <input type="checkbox"/> Not Applicable
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 or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**SWEIGART, HENRY W.
 9342 SW 1ST ST.
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name CAMPBELL MARK
82 Street Address (P.O. Box Number is Not Acceptable) 465 U.S. HWY 27 N.
83
84 City LAKE PLACID
85 Zip Code FL 33852

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 **MARK CAMPBELL** *[Signature]* DATE **1/8/98**

12. OFFICERS AND DIRECTORS		DELETED
TITLE	DP	<input type="checkbox"/>
NAME	SWEIGART, HENRY W	
STREET ADDRESS	9342 SW 1ST ST.	
CITY-ST-ZIP	PLANTATION FL	
TITLE	DVS	<input type="checkbox"/>
NAME	KRAMSER, GEORGE	
STREET ADDRESS	8821 LAKE DASHA DR. SO.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS	7797 HIGHLANDS CIR		
1.4 CITY-ST-ZIP	MARGATE, FL		
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	T	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	CAMPBELL, MARK		
3.3 STREET ADDRESS	465 U.S. HWY 27 N		
3.4 CITY-ST-ZIP	LAKE PLACID, FL 33852		
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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.

SIGNATURE: *Henry W. Sweigart* Henry W. Sweigart P 1/8/98 944-465-3310

CR2E034 (10/97)