

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

FILED
Feb 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # F93000002413 (3)

1. Corporation Name
NEXTEL SOUTH CORP.



Principal Place of Business
**6573 THE CORNERS PARKWAY ST., N.E.
 NORCROSS GA 30092**

Mailing Address
**1505 FARM CREDIT DR.
 SUITE 100
 MCLEAN VA 22102**

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
05/21/1993
 4. FEI Number
58-2038468
 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

b. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent
 B1 Name
 B2 Street Address (P.O. Box Number is Not Acceptable)
 B3
 B4 City
 FL B5 Zip Code

11. Pursuant to the provisions of Sections 607.0602 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

(Block 13) Registered Agent signature, required when reinstating

DATE

12. OFFICERS AND DIRECTORS		
TITLE	CD	<input type="checkbox"/> DELETE
NAME	AKERSON, DANIEL F	
STREET ADDRESS	1505 FARM CREDIT DR.	
CITY-ST-ZIP	MCLEAN VA 22102	
TITLE	P	<input type="checkbox"/> DELETE
NAME	DONAHUE, TIMOTHY	
STREET ADDRESS	1505 FARM CREDIT DR.	
CITY-ST-ZIP	MCLEAN VA 22102	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	O'BRIEN, MORGAN E	
STREET ADDRESS	1505 FARM CREDIT DR.	
CITY-ST-ZIP	MCLEAN VA 22102	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SIDMAN, THOMAS J	
STREET ADDRESS	1505 FARM CREDIT DR.	
CITY-ST-ZIP	MCLEAN VA 22102	
TITLE	VCTO	<input type="checkbox"/> DELETE
NAME	WEST, BARRY	
STREET ADDRESS	1505 FARM CREDIT DR.	
CITY-ST-ZIP	MCLEAN VA 22102	
TITLE	VCFO	<input type="checkbox"/> DELETE
NAME	SHINDLER, STEVEN M	
STREET ADDRESS	1505 FARM CREDIT DR.	
CITY-ST-ZIP	MCLEAN VA 22102	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	PD	<input checked="" 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		

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*****150.00**

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: *R. Scott Mortham* **SECRETARY** 1/24/98 762/394-3000

CR2E034 (10/97)