

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

FILED
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90004 004 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F93000002413

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

3. Date Incorporated or Qualified 05/21/1993	4. FEI Number 58-2038468	Applied For 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 the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip Country 24 25	Zip Country 29 30

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLHASSEE FL 32301

10. Name and Address of New Registered Agent

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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE CD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME AKERSON, DANIEL F		1.2 NAME Ried Zulager	
STREET ADDRESS 1505 FARM CREDIT DR.		1.3 STREET ADDRESS 6575 THE CORNERS PKWY	
CITY-ST-ZIP MCLEAN VA 22102		1.4 CITY-ST-ZIP NORCROSS, GA 30092	
TITLE PD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE VP & Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DONAHUE, TIMOTHY		2.2 NAME GARY BEGEMAN	
STREET ADDRESS 1505 FARM CREDIT DR.		2.3 STREET ADDRESS 6575 The Corners Pkwy	
CITY-ST-ZIP MCLEAN VA 22102		2.4 CITY-ST-ZIP NORCROSS, GA 30092	
TITLE VP	<input checked="" type="checkbox"/> DELETE	3.1 TITLE DIRECTOR & PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME O'BRIEN, MORGAN E		3.2 NAME RICHARD ORCHARD	
STREET ADDRESS 1505 FARM CREDIT DR.		3.3 STREET ADDRESS 6575 the corners pkwy	
CITY-ST-ZIP MCLEAN VA 22102		3.4 CITY-ST-ZIP NORCROSS, GA 30092	
TITLE VP	<input type="checkbox"/> DELETE	4.1 TITLE VP & DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SIDMAN, THOMAS J		4.2 NAME	
STREET ADDRESS 1505 FARM CREDIT DR.		4.3 STREET ADDRESS 6575 the corners PKWY	
CITY-ST-ZIP MCLEAN VA 22102		4.4 CITY-ST-ZIP NORCROSS, GA 30092	
TITLE VCTO	<input checked="" type="checkbox"/> DELETE	5.1 TITLE VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME WEST, BARRY		5.2 NAME JOHN CAFARO	
STREET ADDRESS 1505 FARM CREDIT DR.		5.3 STREET ADDRESS 6575 the corners pkwy	
CITY-ST-ZIP MCLEAN VA 22102		5.4 CITY-ST-ZIP NORCROSS, GA 30092	
TITLE VCFO	<input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SHINDLER, STEVEN M		6.2 NAME	
STREET ADDRESS 1505 FARM CREDIT DR.		6.3 STREET ADDRESS 6575 the corners PKWY	
CITY-ST-ZIP MCLEAN VA 22102		6.4 CITY-ST-ZIP NORCROSS, GA 30092	

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: Ried Zulager 13/2/99 Date 703 394-3000 Daytime Phone #

CR2E034 (11/98)