

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Jul 22 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 # F96000006633 (9)
 1. Corporation Name

GTE MAIN STREET INCORPORATED



DO NOT WRITE IN THIS SPACE

Principal Place of Business: ONE STAMFORD FORUM STAMFORD CT 06904
 Mailing Address: P O BOX 152203 IRVING TX 75015-2203 US

3. Date Incorporated or Qualified: 12/18/1996

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields.

4. FEI Number: 16-1450339
 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. [X] Yes [] No

9. Name and Address of Current Registered Agent: C T CORPORATION SYSTEM, 1200 SOUTH PINE ISLAND ROAD, PLANTATION FL 33324

10. Name and Address of New Registered Agent (81-85) fields.

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: PD	[X] DELETE
NAME: SCOTT, RICHARD W	
STREET ADDRESS: 600 HIDDEN RIDGE	
CITY-ST-ZIP: IRVING TX 75038	
TITLE: VT	[X] DELETE
NAME: COHRS, DAN J	
STREET ADDRESS: ONE STAMFORD FORUM	
CITY-ST-ZIP: STAMFORD CT 06904	
TITLE: V	[X] DELETE
NAME: GRIEB, THOMAS A	
STREET ADDRESS: ONE STAMFORD FORUM	
CITY-ST-ZIP: STAMFORD CT 06904	
TITLE: V	[] DELETE
NAME: REGAN, ROBERT J	
STREET ADDRESS: 2401 COLORADO AVENUE SUITE 180	
CITY-ST-ZIP: SANTA MONICA CA 90404	
TITLE: VAS	[] DELETE
NAME: SHINNICK, LAWRENCE E	
STREET ADDRESS: 600 HIDDEN RIDGE	
CITY-ST-ZIP: IRVING TX 75038	
TITLE: V	[] DELETE
NAME: TISCIONE, THOMAS N	
STREET ADDRESS: 1420 EAST ROCHELLE	
CITY-ST-ZIP: IRVING TX 75038	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE: PD	[] Change [] Addition
1.2 NAME: William D. Wilson	
1.3 STREET ADDRESS: 600 Hidden Ridge	
1.4 CITY-ST-ZIP: Irving, TX 75038	
2.1 TITLE: VT	[] Change [] Addition
2.2 NAME: Daniel P. O'Brien	
2.3 STREET ADDRESS: One Stamford Forum	
2.4 CITY-ST-ZIP: Stamford CT 06904	
3.1 TITLE: V	[] Change [] Addition
3.2 NAME: Thomas A. Grieb	
3.3 STREET ADDRESS: One Stamford Forum	
3.4 CITY-ST-ZIP: Stamford CT 06904	
4.1 TITLE:	[] Change [] Addition
4.2 NAME:	
4.3 STREET ADDRESS:	
4.4 CITY-ST-ZIP:	
5.1 TITLE:	[] Change [] Addition
5.2 NAME:	
5.3 STREET ADDRESS:	
5.4 CITY-ST-ZIP:	
6.1 TITLE:	[] Change [] Addition
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: Thomas N Tiscione REQUIRED Tiscione 7/6/98 972/718-2310

CR2E034 (5/98)