

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

FILED

Feb 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 # 444410 (5)

1. Corporation Name
DIAL COMMUNICATIONS, INC.

Principal Place of Business

180 CAPITAL CIRCLE SW
P.O. BOX 10017
TALLAHASSEE FL 32302

Mailing Address

180 CAPITAL CIRCLE SW
P.O. BOX 10017
TALLAHASSEE FL 32302-2017



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

01/17/1974

3a. Date of Last Report

03/29/1996

4. FEI Number

59-1511395

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

~~NEWTON, WILLIAM E.~~ Sandra K. Eastwood
~~180 CAPITAL CIRCLE SW~~ 180 Capital Circle SW
~~TALLAHASSEE FL 32301~~ Tallahassee, FL 32301

10. Name and Address of New Registered Agent

81 Name Sandra K. Eastwood
82 Street Address (P.O. Box Number is Not Acceptable) 180 Capital Circle SW
83 P O Box 10017
84 City Tallahassee FL 85 Zip Code

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 *Sandra K. Eastwood*

Signature typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstalling)

1/31/97

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	NEWTON, WILLIAM E	
STREET ADDRESS	5036 CENTENIAL OAK CIR.	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	VPS	<input checked="" type="checkbox"/> DELETE
NAME	NEWTON, SYBIL	
STREET ADDRESS	5036 CENTENIAL OAK CIR.	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	VPT	<input checked="" type="checkbox"/> DELETE
NAME	NEWTON, TIMOTHY E.	
STREET ADDRESS	2908 WHIRLAWAY TRAIL	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	NEWTON, WILLIAM P.	
STREET ADDRESS	2409 WHIRLAWAY TRAIL	
CITY-ST-ZIP	TALLAHASSEE FL	
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	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JOSEPH P. POWERS	
1.3 STREET ADDRESS	180 Capital Circle SW	
1.4 CITY-ST-ZIP	Tallahassee, FL 32301	
2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	LARRY MORRIS	
2.3 STREET ADDRESS	180 Capital Circle SW	
2.4 CITY-ST-ZIP	Tallahassee, FL 32301	
3.1 TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Daniel Osborne	
3.3 STREET ADDRESS	1601 Forum Place # 110	
3.4 CITY-ST-ZIP	W. Palm Beach, FL 33401	
4.1 TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	William J. Mercurio	
4.3 STREET ADDRESS	1601 Forum Place # 110	
4.4 CITY-ST-ZIP	W. Palm Beach, FL 33401	
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)(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: *Joseph P. Powers* JOSEPH P. POWERS PRESIDENT 1/30/97 904-878-1322

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/96)