


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

FILED  
Mar 24 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 # 853670 (8)  
1. Corporation Name  
TRANSCALL AMERICA, INC.

Principal Place of Business 515 E AMITE ST JACKSON MS 39201-2702 US	Mailing Address 515 E AMITE ST JACKSON MS 39201-2702 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/05/1982	
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number 58-1472775	Applied For Not Applicable
23. Zip	24. Country	28. Zip	29. Country	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 NRAJ SERVICES, INC. 528 E. PARK AVE. TALLAHASSEE FL 32301				10. Name and Address of New Registered Agent	
				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				83.	
				84. City	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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCED	1.1 TITLE	
NAME	EBBERS, BERNARD J	1.2 NAME	
STREET ADDRESS	515 E AMITE ST	1.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSON MS	1.4 CITY - ST - ZIP	
TITLE	VPC	2.1 TITLE	
NAME	MYERS, DAVID	2.2 NAME	
STREET ADDRESS	515 EAST AMITE STREET	2.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSON MS	2.4 CITY - ST - ZIP	
TITLE	ASD	3.1 TITLE	
NAME	CANNADA, CHARLES T	3.2 NAME	
STREET ADDRESS	515 E AMITE ST	3.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSON MS	3.4 CITY - ST - ZIP	
TITLE	STCF	4.1 TITLE	
NAME	SULLIVAN, SCOTT D	4.2 NAME	
STREET ADDRESS	515 E AMITE ST	4.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSON MS	4.4 CITY - ST - ZIP	
TITLE	AS	5.1 TITLE	
NAME	ANDERSON, WILLIAM E	5.2 NAME	
STREET ADDRESS	515 EAST AMITE STREET	5.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSON MS	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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:



3/19/98

(607) 360-8600

CR2E034 (10/97)