

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

FILED
Mar 31 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F93000002086 (7)
 1. Corporation Name
SUMMIT TELESERVICES, INC.

Principal Place of Business 3650 CLAYPOND RD. MYRTLE BEACH, SC 29577	Mailing Address P.O. BOX 808 MYRTLE BEACH, SC 29578
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3. Date Incorporated or Qualified 05/05/1993	3a. Date of Last Report FEB. 23, 1996
4. FEI Number 57-0875157	Applied For <input type="checkbox"/> 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 4650 CLAYPOND RD, MYRTLE BEACH State, Apt #, etc.	2a. Mailing Address 26 P.O. BOX 808, MYRTLE BEACH Suite, Apt #, etc.
22 MYRTLE BEACH, SC City & State	27 MYRTLE BEACH, SC. City & State
23 29577 Zip	28 29577 Zip
24 HORRY Country	29 HORRY Country

9. Name and Address of Current Registered Agent
ANTHONY T. PITTARI
5378 DEER CREEK DRIVE
ORLANDO, FL 32821

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PRESIDENT	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JOSEPH E. CICERO		1.2 NAME	
STREET ADDRESS 3650 CLAYPOND RD.		1.3 STREET ADDRESS	
CITY-STATE-ZIP MYRTLE BEACH, SC. 29577		1.4 CITY-STATE-ZIP	
TITLE EXECUTIVE VICE PRESIDENT	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MELTON L. JEFFCOAT		2.2 NAME	
STREET ADDRESS 3650 CLAYPOND RD.		2.3 STREET ADDRESS	
CITY-STATE-ZIP MYRTLE BEACH, SC 29577		2.4 CITY-STATE-ZIP	
TITLE VICE PRESIDENT - SALES	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MAGGIE PATCH		3.2 NAME	
STREET ADDRESS 3650 CLAYPOND RD.		3.3 STREET ADDRESS	
CITY-STATE-ZIP MYRTLE BEACH, SC 29577		3.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

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 ***165.00

Handwritten initials and date: 9/31

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 E. Cicero 3-4-1997 Date 803-236-4100
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)