

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 SC 29578 Suite, Apt. #, etc.
22 City & State MYRTLE BEACH, SC	27 City & State MYRTLE BEACH, SC.
23 Zip 29577	28 Zip 29577
24 Country HORRY	29 Country HORRY

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

TITLE	PRESIDENT	<input type="checkbox"/> DELETE
NAME	JOSEPH E. CICERO	
STREET ADDRESS	3650 CLAYPOND RD.	
CITY-ST-ZIP	MYRTLE BEACH, SC. 29577	
TITLE	EXECUTIVE VICE PRESIDENT	<input type="checkbox"/> DELETE
NAME	MELTON L. JEFFCOAT	
STREET ADDRESS	3650 CLAYPOND RD.	
CITY-ST-ZIP	MYRTLE BEACH, SC 29577	
TITLE	VICE PRESIDENT - SALES	<input type="checkbox"/> DELETE
NAME	MAGGIE PATCH	
STREET ADDRESS	3650 CLAYPOND RD.	
CITY-ST-ZIP	MYRTLE BEACH, SC 29577	
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

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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*****165.00**

Handwritten signature and date: 3/31

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** Daytime Phone

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)