

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

FILED
Apr 22 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 # F93000004788

1. Corporation Name

EASTERN TELEPHONE SYSTEMS, INC

Principal Place of Business

Mailing Address

1300 VIRGINIA DR
FT. WASHINGTON, PA
19034

c/o F.M. DANVERIN
P.O. Box 592
MEDFORD NJ
08055

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	10-22-93	6-1-96
22	27	4. FEI Number	Applied For
23	28	23-2216998	Not Applicable
24	29	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25	30		\$5.00 May Be Added to Fees
		6. Election Campaign Financing	
		Trust Fund Contribution	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EDWIN F. BLANTON
825 THOMASVILLE RD.
TALLAHASSEE, FL. 32303

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

(Type or print name of registered agent and date if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT	1.1 TITLE	
NAME	ROBERT STRAN	1.2 NAME	
STREET ADDRESS	1300 VIRGINIA DR	1.3 STREET ADDRESS	
CITY-STATE-ZIP	FT. WASHINGTON PA 19034	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	
NAME	SHARON DARZELL-STRAN	2.2 NAME	
STREET ADDRESS	1300 VIRGINIA DR	2.3 STREET ADDRESS	
CITY-STATE-ZIP	FT. WASHINGTON, PA 19034	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		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:

(Type or print name of signing officer or director)

4/19/97

Daytime Phone #

CR2E034 (9/96)