

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Sep 17 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 # F94000000910 (9)

1. Corporation Name  
 RAPID LINK U.S.A., INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
 1000 CIRCLE 75 PARKWAY SUITE 700 ATLANTA GA 30339

3. Date Incorporated or Qualified <b>02/23/1994</b>	3a. Date of Last Report <b>07/19/1996</b>
4. FEI Number <b>57-0986779</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> 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	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
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9. Name and Address of Current Registered Agent  
**NRAI SERVICES, INC.**  
**526 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>HILLS JR, JAMES M</b> <b>107 CANNON ST.</b> <b>GEORGETOWN SC 29442</b>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>Asst. S/D</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>MOORE IV, HENRY S</b> <b>503 EGRET CIRCLE</b> <b>GEORGETOWN SC 29442</b>	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WISE, PATRICIA L</b> <b>82 RUTLEDGE AVE.</b> <b>CHARLESTON SC 29401</b>	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<b>Asst. T/D</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WISE, TIMOTHY D</b> <b>1232 MYRICK RD.</b> <b>MT PLEASANT SC 29464</b>	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<b>V/S/D</b> <b>2008 Chelton Way</b> <b>Smyrna, GA 30080</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WISE, THOMAS D</b> <b>1000 CIRCLE 75 PARKWAY STE 700</b> <b>ATLANTA GA 30339</b>	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<b>P/C/D</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<b>Asst. S</b> <b>David O. Wise</b> <b>311 Peachtree Hills Ave Apt #9B</b> <b>Atlanta, GA 30339</b>

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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(a), 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: \_\_\_\_\_

CR2E034 (4/97)