

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.)

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.

Principal Place of Business

**1000 CIRCLE 75 PARKWAY
SUITE 700
ATLANTA GA 30339**

Mailing Address

**1000 CIRCLE 75 PARKWAY
SUITE 700
ATLANTA GA 30339**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/23/1994	3a. Date of Last Report 07/19/1996
4. FEI Number 57-0986779	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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	

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

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

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

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:

9/16/97 7:50:56 PM

CP2E034 (4/97)