

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000004832 (0)

1. Corporation Name

PAY TELEPHONE AMERICA LTD., INC.



Principal Place of Business

Mailing Address

P.O. BOX 12766
JACKSON MS 39236-2766

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JACKSON MS 39236-2766

3. Date Incorporated or Qualified 10/06/1995	3a. Date of Last Report
4. FEI Number APPLIED FOR 64-0760544	Applied For 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. 199.03? Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 1013 North Flowood Drive	26 Suite, Apt. #, etc
22 Suite, Apt. #, etc	27 City & State
23 Flowood, MS	28 City & State
24 Zip 39208	29 Zip
25 Country USA	30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

Signature typed or printed name of registered agent and title if applicable

(Not for Registered Agent signature required when reinstating)

(Not for)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILKINS, JAMES D	12 NAME	
STREET ADDRESS	1013 NORTH FLOWOOD DRIVE	13 STREET ADDRESS	
CITY - ST - ZIP	FLOWOOD MS	14 CITY - ST - ZIP	
TITLE	VCD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRINGTON, KURT R	22 NAME	
STREET ADDRESS	39 W. MONTGOMERY AVENUE	23 STREET ADDRESS	
CITY - ST - ZIP	ROCKVILLE MD	24 CITY - ST - ZIP	
TITLE	ST	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGINNIS, LINCOLN M	32 NAME	
STREET ADDRESS	1013 NORTH FLOWOOD DRIVE	33 STREET ADDRESS	
CITY - ST - ZIP	FLOWOOD MS	34 CITY - ST - ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lincoln M. McGinnis

6-26-96

601-939-7222

CR2E034 (3/96)