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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1997

DOCUMENT # F9500005399 (9)

BELL ATLANTIC COMMUNICATIONS, INC.

FILED Mar 12 1997 8:00am Secretary of State



Principal Plac 1920 N. COUI ARLINGTON V	RT HOUSE RD.	Mailing Address 1717 ARCH STREET 32ND FLOOR PHILADELPHIA PA 1910	13-2713		3. Date Inco	rporated or Qualified	3a. Da	te of Last R	eport
2. Principal F	Place of Business .	2a. Mailing Address			4. FEI Numb	er		A	oplied For
21		26			54-1762657			N	ot Applice
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate	of Status Desired		\$8.75		
22		27]							equired
City & Stat	e	City & State			-	Campaign Financing	П	\$5.00	May Be to Fees
Zip	Country	Zip	Country			d Contribution pration has liability fo			
24	25	29	30		Florida St		Yes	: ,10	. 159.03
	9. Name and Address of Current					d Address of New F		gent	
	CORPORATION SYSTEM		81	Name					
	00 SOUTH PINE ISLAND ROAD		82	Street Addr	ess (P.O. Box N	umber is Not Accept	able)		
PU	ANTATION FL 33324								
			83						
			84	City		**.		85 Zip	Code
	to the provisions of Sections 607.0502 registered agent, or both, in the State am familiar with, and accept the obliga			-	:		FL	1 1 1	
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NO	DTF Registered Agent				DATE		
SIGNATURE	Signature typed or plinted harve of registered agon				id when rainstation)	· · · · · · · · · · · · · · · · · · ·	ĐẠTE.		
12.	OFFICERS AND	nt and title if applicable. (NO	DTE Registered Agent			S/CHANGES TO OFF			
12. TITLE	OFFICERS AND	nt and title if applicable. (NO	DTE Registered Agent 13. 1.1 TITLE			S/CHANGES TO OFF		DIRECTOF	
12. TITLE NAME	PDCE OFFICERS AND BINFORD, ALFRED G	nt and title if applicable. (NO	13. 1.1 TITLE 1.2 NAME	signature require		S/CHANGES TO OFF			
12. TITLE NAME STREET ADDRESS	POCE BINFORD, ALFRED G 1320 N. COURT HOUSE RD.	nt and title if applicable. (NO	DTE Registered Agent 13. 1.1 TITLE 1.2 NAME 1.3 STREET A	signature require		S/CHANGES TO OFF			
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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 atlachment with an address.

SIGNATURE:

Paul of Killy 1. Paul W. Kelly Asst Thea. 2/4/97

215-963-6343