


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

FILED
May 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F96000000866 (1) 1. Corporation Name AMERACALL, INC.					
Principal Place of Business 3055 CASS ROAD SOUTH 100 CASS COMMERCE CTR TRAVERSE CITY MI 49684 US			Mailing Address P.O. BOX 582 TRAVERSE CITY MI 49685-0582		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/21/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 38-3072630	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				10. Name and Address of New Registered Agent	
				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 (NOTE: Registered Agent signature required when reappointing) DATE					
12. OFFICERS AND DIRECTORS					
TITLE	PD	<input checked="" type="checkbox"/> DELETE			
NAME	MADSEN, RUSSELL P				
STREET ADDRESS	3055 CASS RD S., STE 100				
CITY-ST-ZIP	TRAVERSE CITY MI				
TITLE	VD	<input type="checkbox"/> DELETE			
NAME	DUKE, PATRICK				
STREET ADDRESS	3055 CASS RD S., STE 100				
CITY-ST-ZIP	TRAVERSE CITY MI				
TITLE	STD	<input type="checkbox"/> DELETE			
NAME	SCHOPIERAY, JAMES L				
STREET ADDRESS	3055 CASS RD S., STE 100				
CITY-ST-ZIP	TRAVERSE CITY MI				
TITLE	T	<input checked="" type="checkbox"/> DELETE			
NAME	MORSE, THOMAS				
STREET ADDRESS	3055 CASS RD. S. ST 100				
CITY-ST-ZIP	TRAVERSE CITY MI				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	SLATER, GEORGE				
STREET ADDRESS	3055 CASS RD S., STE 100				
CITY-ST-ZIP	TRAVERSE CITY MI				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME		CEO			
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
3.2 NAME		Vice-President			
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

SIGNATURE:

James L. Schopieray

James L. Schopieray April 30, 1998 (616) 922-8111

CR2E034 (10/97)