

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
Aug 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000004186 (0)

1. Corporation Name
COMMUNICATIONS CENTRAL, INC.

Principal Place of Business 1150 NORTHMEADOW #118 ROSWELL GA 30076	Mailing Address 1150 NORTHMEADOW #118 ROSWELL GA 30076
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 08/15/1996	3a. Date of Last Report
				4. FEI Number 69-1804173	Applied For <input checked="" type="checkbox"/> 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 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	
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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	CEOP	1.1 TITLE	
NAME	JOHNSON, RODGER L	1.2 NAME	
STREET ADDRESS	1150 NORTHMEADOW #118	1.3 STREET ADDRESS	
CITY-ST-ZIP	ROSWELL GA 30076	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	JOHNSON, RODGER L	2.2 NAME	
STREET ADDRESS	1150 NORTHMEADOW #118	2.3 STREET ADDRESS	
CITY-ST-ZIP	ROSWELL GA 30076	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	
NAME	MCKEEVER, C DOUGLAS	3.2 NAME	
STREET ADDRESS	1150 NORTHMEADOW #118	3.3 STREET ADDRESS	
CITY-ST-ZIP	ROSWELL GA 30076	3.4 CITY-ST-ZIP	
TITLE	SV	4.1 TITLE	
NAME	SELVIDGE, BARRY	4.2 NAME	
STREET ADDRESS	1150 NORTHMEADOW #118	4.3 STREET ADDRESS	
CITY-ST-ZIP	ROSWELL GA 30076	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	SCHOBER, PETER	5.2 NAME	
STREET ADDRESS	1150 NORTHMEADOW #118	5.3 STREET ADDRESS	
CITY-ST-ZIP	ROSWELL GA 30076	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	FISHER, ROBERT C JR	6.2 NAME	
STREET ADDRESS	1150 NORTHMEADOW #118	6.3 STREET ADDRESS	
CITY-ST-ZIP	ROSWELL GA 30076	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

CSD MCKEEVER REQUIRED

CR2E034 (4/97)