

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

FILED
May 19, 1999 8:00 am
Secretary of State

05-19-1999 90011 001 ***600.00



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

PROFIT CORPORATION
 ANNUAL REPORT
1999

DOCUMENT # **F98000003022**

1. Corporation Name
AMERICAN METROCOMM CORPORATION OF DELAWARE



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**1615 POYDRAS, STE. 1050
 NEW ORLEANS LA 70112**

Mailing Address
**1615 POYDRAS, STE. 1050
 NEW ORLEANS LA 70112**

3. Date Incorporated or Qualified
05/28/1998

4. FEI Number
13-3999785

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29 30

9. Name and Address of Current Registered Agent
**YAW, ROBERT E II
 227 ST. JAMES PARK
 OSPREY FL 34229**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	CCEO DELETE
NAME	YAW, ROBERT E II
STREET ADDRESS	227 ST. JAMES PARK
CITY-ST-ZIP	OSPREY FL 34229
TITLE	D DELETE
NAME	WELNHOFER, WILLIAM
STREET ADDRESS	1615 POYDRAS ST., STE. 1050
CITY-ST-ZIP	NEW ORLEANS LA 70112
TITLE	D DELETE
NAME	CHAPMAN, JOHN H
STREET ADDRESS	1615 POYDRAS ST., STE. 1050
CITY-ST-ZIP	NEW ORLEANS LA 70112
TITLE	DP DELETE
NAME	GEORGE, GARY S
STREET ADDRESS	1615 POYDRAS ST., STE. 1050
CITY-ST-ZIP	NEW ORLEANS LA 70112
TITLE	VS <input type="checkbox"/> DELETE
NAME	KELLY, DENNIS E
STREET ADDRESS	1615 POYDRAS ST., STE. 1050
CITY-ST-ZIP	NEW ORLEANS LA 70112
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	President
4.3 STREET ADDRESS	Butler, David
4.4 CITY-ST-ZIP	1615 Poydras Street, 1050 New Orleans, LA 70112
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Vice President & Treasurer
5.3 STREET ADDRESS	Steward, Charles
5.4 CITY-ST-ZIP	1615 Poydras Street New Orleans LA 70112
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: *Charles Steward*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/1999 (504) 200-2010
 Date Daytime Phone #

CR2E034 (11/98)