

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 27 PM 12: 58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P21915** (4)
1. Corporation Name
MOBILE TELECOMMUNICATION TECHNOLOGIES CORP.

Principal Place of Business 200 S. LAMAR ST., SUITE 400 STE. 1000 JACKSON MS 39225-2469 US	Mailing Address 200 S. LAMAR ST., SUITE 400 STE. 1000 JACKSON MS 39225-2469 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/30/1988	3a. Date of Last Report 04/26/1994
4. FEI Number 64-0518209	Applied For <input 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 has liability for intangible tax under S. Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt #, etc 22 City & State 23 Zip 24	2a. Mailing Address 26 P.O. BOX 2469 27 1000 28 JACKSON, MS 29 39225 Country 30 HINDS
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9. Name and Address of Current Registered Agent
**CORPORATION SERVICE COMPANY
1201 HAYES STREET
TALLAHASSEE FL 32301**

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 1505, 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 typed or printed name of registered agent when membership is not

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	PUCKETT, BERNARD
STREET ADDRESS	200 S. LAMAR ST., #900
CITY ST ZIP	JACKSON MS
TITLE	VP
NAME	CAMP, WALTER
STREET ADDRESS	200 S. LAMAR STREET., STE. 400
CITY ST ZIP	JACKSON MS
TITLE	EVP
NAME	BHAGAT, JAI P.
STREET ADDRESS	200 S. LAMAR ST., STE. #900
CITY ST ZIP	JACKSON MS
TITLE	AS
NAME	MCCULLOUGH, ELIZABETH V.
STREET ADDRESS	200 S. LAMAR ST., #600
CITY ST ZIP	JACKSON MS
TITLE	CFOT
NAME	FUGATE, JOHN ROBERT
STREET ADDRESS	200 S. LAMAR ST., #900
CITY ST ZIP	JACKSON MS
TITLE	S
NAME	KRISS, LEONARD G.
STREET ADDRESS	200 S. LAMAR ST.
CITY ST ZIP	JACKSON MS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	DELETE
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	TREASURER
53 STREET ADDRESS	THOMAS R. FERGUSON
54 CITY ST ZIP	200 S. LAMAR ST., STE 900
55 TITLE	
56 NAME	JACKSON, MS 39225
57 STREET ADDRESS	
58 CITY ST ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
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)(b), 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. I am an officer or director of this corporation or its agent or broker empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 changed or on an addendum with an address.

SIGNATURE: *Henry D. Ferguson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/95
(601) 944-1300