

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

FILED

**May 01 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 # 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 P.O. BOX 2469 1000 JACKSON MS 39225-2469 US
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3. Date Incorporated or Qualified 11/30/1988	3a. Date of Last Report 04/24/1996
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
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc.	22. Mailing Address Suite, Apt. #, etc.
23. City & State	24. City & State
25. Zip Country	26. Zip Country

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
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PALMER, JOHN		1.2 NAME John T. Stupka	
STREET ADDRESS 200 S. LAMAR STREET		1.3 STREET ADDRESS 200 S. Lamar street	
CITY-ST-ZIP JACKSON MS		1.4 CITY-ST-ZIP Jackson, MS 39201	
TITLE EVP	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BHAGAT, JAI P.		2.2 NAME	
STREET ADDRESS 200 S. LAMAR ST., STE. #900		2.3 STREET ADDRESS	
CITY-ST-ZIP JACKSON MS		2.4 CITY-ST-ZIP	
TITLE AS	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MCCULLOUGH, ELIZABETH V.		3.2 NAME	
STREET ADDRESS 200 S. LAMAR ST., #600		3.3 STREET ADDRESS	
CITY-ST-ZIP JACKSON MS		3.4 CITY-ST-ZIP	
TITLE T	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FERGUSON, THOMAS R		4.2 NAME	
STREET ADDRESS 200 S. LAMAR ST., STE 900		4.3 STREET ADDRESS	
CITY-ST-ZIP JACKSON MS		4.4 CITY-ST-ZIP	
TITLE S	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KRISS, LEONARD G.		5.2 NAME	
STREET ADDRESS 200 S. LAMAR ST.		5.3 STREET ADDRESS	
CITY-ST-ZIP JACKSON MS		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Thomas R. Ferguson DATE: 4/24/97 (601) 944-1300
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #

CR2E034 (9/96)