## FILE NOW: FILING FEE AFTER MAY 1 IS \$550 DO

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT

Sandra B. Mortin

Secretary of State

DIVISION OF CORPOR TIONS

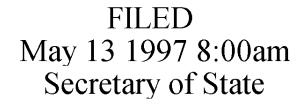
DOCUMENT # P35341

(7)

PROCOMM TELECOMMUNICATIONS, INC.

Principal Place of Business

Mailing Address





1479 PARKER RD., SUITE 700 POST OFFICE BOX 81221 CONYERS GA 30208			1479 PARKER RD SUITE 700 POST OFFICE BOX 81221 CONYERS GA 30208-9221								
							3. Date Incorporated or Qualified 09/03/1991		of Last R 2/1996	eport	
2. Principal Place of Business			2a. Mailing Address 26				4. FEI Number		Ar	oplied For	
21							<b>58-1927156</b> Not Applicable				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional				
22			27				5. Continuate of diatus Experied		Fee Re	oquired	
City & State			City & State				6. Election Campaign Financing \$5.00 May Be				
23			28				Trust Fund Contribution Added to Fees				
Zip	Counti	·					8. This corporation has liability for intangible tax under s. 199.032,				
24	25		29 30 30 Registered Agent				Florida Statutes				
		sas or Current He	gistered Agent		81 Na	ime	10. Name and Address of New He	estered Aç	ent		
REARDON, CLAIRE F.					146	ime					
2303 HUGH EDWARDS DR., JACKSONVILLE FL 32210-4997						Street Address (P.O. Box Number is Not Acceptable)					
JACI	KSUNVILLE FL 3221		83								
					63						
					<b>84</b> Ci	.y			<b>85</b> Zip (	Code	
44 5			T222772727W7777-2		LI			FL_			
othee or r	eaistered abent, or bott	n in the State of Fi	d 607.1508, Florida Statu orida. Such change was s of, Section 607.0505, F	SHIPPORTED	d hu tha	ned corpo corporation	oration submits this statement for the p on's board of directors. I hereby accep	urpose of c the appoi	nanging it ntment as	s registered registered	
SIGNATURE											
	Signature typed or printed nan				d Agent sig	alurc require	d when reinstating)	DATE			
12.	<b>P</b>	FFICERS AND DI		13.			ADDITIONS/CHANGES TO OFFIC			~	
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	by certify that the inform	ation supplied with	rthis filing does not goal	ily for the	ty-\$1-7IP exempti	on stated	in Section 119.07(3)(i), Florida Statutes	. Efurther c	orlify that	the	
informatio	n indicated on this ann	ual report or suppl	emental annual report is	true and a	accurate	and that r	my signature shall have the same legal	offect se if	mado un	dor nath that	

4. I do hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. Hurther 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 eath, that fam 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 Blook 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

( Landow Cathing

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770-760-866