

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

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97 JUN 20 PM 12:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P39830 (5)

1. Corporation Name
EQUALNET CORPORATION



Principal Place of Business 1250 WOOD BRANCH PARK DR SUITE 625 HOUSTON TX 77079-1212 US	Mailing Address 1250 WOOD BRANCH PARK DRIVE HOUSTON TX 77079-1207 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 07/24/1992	3a. Date of Last Report 05/01/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 76-0315215	Applied For <input type="checkbox"/> Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	28 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Zip	25 Country	29 Zip	30 Country
g. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

g. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
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
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDCE <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSSELL, ZANE D.	1.2 NAME	000002221830--9
STREET ADDRESS	1250 WOOD BRANCH PARK DRIVE	1.3 STREET ADDRESS	-06/24/97--01092--002
CITY-ST-ZIP	HOUSTON TX	1.4 CITY-ST-ZIP	****558.75 ****558.75
TITLE	VSD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSSELL, BYRON A.	2.2 NAME	
STREET ADDRESS	1250 WOOD BRANCH PARK DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX	2.4 CITY-ST-ZIP	
TITLE	VTCO <input type="checkbox"/> DELETE	3.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HLINAK, MICHAEL L.	3.2 NAME	
STREET ADDRESS	1250 WOOD BRANCH DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	CFO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHMIDT, CARL	4.2 NAME	
STREET ADDRESS	1250 WOOD BRANCH PARK DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX	4.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISHER, DEAN H.	5.2 NAME	
STREET ADDRESS	1250 WOOD BRANCH PARK DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	CONTROLLER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	CURT MACKAY
STREET ADDRESS		6.3 STREET ADDRESS	1250 WOOD BRANCH PARK DR.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	HOUSTON, TX 77079

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: *Carl Schmidt* *Carl Schmidt* *CEO* *(713) 578-4400*

CR2E034 (9/96)