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Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000022976 (2)

1. Corporation Name

TRACTEL COMMUNICATIONS, INC.



Principal Place of Business

SUITE 6136 SANLANDO CENTER
2180 STATE RD 434
LONGWOOD FL 32779

Mailing Address

SUITE 6136 SANLANDO CENTER
2180 STATE RD 434
LONGWOOD FL 32779-5041

3. Date Incorporated or Qualified
03/21/1994

3a. Date of Last Report
06/21/1996

2. Principal Place of Business

21 Suite, Apt. #, etc

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

59-3244772

Applied For

Not Applicable

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 has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HARRIS, MARSHALL S
390 NORTH ORANG AVE SUITE 1100
SUITE 800
ORLANDO FL 32801

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CVO
NAME STEWART, J M
STREET ADDRESS 2201 CANTU CT SE 217-218
CITY-ST-ZIP SARASOTA FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE PD
NAME BRANDER, J W
STREET ADDRESS 2180 W SR 434 STE 6136
CITY-ST-ZIP LONGWOOD FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VSDT
NAME NICOLS, OTTO J
STREET ADDRESS 2180 W SR 434 STE 6136
CITY-ST-ZIP LONGWOOD FL

3.1 TITLE VST
3.2 NAME Thrasher, Todd D
3.3 STREET ADDRESS 2180 W SR 434 STE 6136
3.4 CITY-ST-ZIP Longwood FL

TITLE V
NAME LOVELING, RODGER A
STREET ADDRESS 2180 W SR 434 STE 6136
CITY-ST-ZIP LONGWOOD FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE V
NAME WARD, DOUGLAS
STREET ADDRESS 2180 WEST SR 434 STE 6136
CITY-ST-ZIP LONGWOOD FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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:

Todd D Thrasher

1/10/97

407-865-5995

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)