


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

FILED

Jan 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000017815 (8)

1. Corporation Name

GULF COMMUNICATION SERVICES, INC.



DO NOT WRITE IN THIS SPACE

WEST Principal Place of Business 1451 CYPRESS CREEK RD #200 FT. LAUDERDALE FL 33309 US	WEST Mailing Address 1451 CYPRESS CREEK RD #200 FT. LAUDERDALE FL 33309 US
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/06/1995	
21 1451 West Cypress Creek Rd	26 1451 West Cypress Creek Rd	4. FEI Number 65-0565215		Applied For Not Applicable	
22 Suite, Apt. #, etc. 200	27 Suite, Apt. #, etc. 200	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State Fort Lauderdale FL	28 City & State Fort Lauderdale FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip 33309	25 Country USA	29 Zip 33309	30 Country USA	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GROUP LONO DISTNOE-E DUNN JR PRES 1451 CYPRESS CREEK RD 200 FT. LAUDERDALE FL 33309				81 Name Group Long Distance, Inc.			
} TYPO ERRORS SEE NEXT COLUMN.				82 Street Address (P.O. Box Number is Not Acceptable) 1451 West Cypress Creek Road			
				83 Suite 200			
				84 City Fort Lauderdale FL 85 Zip Code 33309			

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	DC	<input type="checkbox"/> DELETE		1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DUNN, GERALD R	} TYPO ERRORS SEE OPPOSITE		1.2 NAME	Gerald M. Dunne, Jr.		
STREET ADDRESS	1451 CYPRESS CREEK RD #200			1.3 STREET ADDRESS	1451 W. Cypress Creek Road # 200		
CITY-ST-ZIP	FT. LAUDERDALE FL			1.4 CITY-ST-ZIP	Fort Lauderdale FL 33309		
TITLE		<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				2.2 NAME			
STREET ADDRESS				2.3 STREET ADDRESS			
CITY-ST-ZIP				2.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				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 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:

REQUIRED

1/21/98

(934) 771-9696

CR2E034 (10/97)