


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

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **PA5000021150**
1. Corporation Name
IN Touch Dedicated Services Inc.

FILED

37 OCT -3 PM 4:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 1395 N.W. 167 St #108 MIAMI Florida 33169		Mailing Address IN Touch Dedicated Svcs Inc. 5300 MEMORIAL DRIVE #123E STONE MOUNTAIN GA. 30083		3. Date Incorporated or Qualified MARCH 15 1995	3a. Date of Last Report 6-11-97
2. Principal Place of Business 21 MIAMI Florida Suite, Apt. #, etc. 22 108 City & State 23 MIAMI Florida Zip 24 33169	2a. Mailing Address 26 5300 Memorial Drive Suite, Apt. #, etc. 27 123 E City & State 28 STONE MOUNTAIN GA. Zip 29 30083	4. FEI Number 65-0546989	Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
25 DADE		30 DEKALB		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent Michael Johnson Miami Florida 33054				10. Name and Address of New Registered Agent 81 Name Alfred Davis 82 Street Address (P.O. Box Number is Not Acceptable) 10150 Belle Rive Blvd 83 # 808 84 City Jacksonville FL 85 Zip Code 32256			
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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 **Alfred Davis - President**

OCT 3 -97

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PRESIDENT	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WAYNE DAVIS			1.2 NAME	ALFRED DAVIS		
STREET ADDRESS	MIAMI Florida			1.3 STREET ADDRESS	10150 Belle Rive Blvd.		
CITY-ST-ZIP	MIAMI Florida			1.4 CITY-ST-ZIP	JACKSONVILLE Florida 32256		
TITLE	NAT JACKSON	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	CORRESPONDING SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	VICE President			2.2 NAME	LORITA CHISHOLM		
STREET ADDRESS	MIAMI Florida			2.3 STREET ADDRESS	5300 MEMORIAL DRIVE 123E		
CITY-ST-ZIP	MIAMI Florida			2.4 CITY-ST-ZIP	STONE MOUNTAIN GA 30083		
TITLE	DANNY HALL	<input checked="" type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MIAMI Florida			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			
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 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: **Alfred Davis - President**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-3-97

Date

904-731-7481

Daytime Phone #

CR2E034 (9/96)