


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

FILED

Jun 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P95000021441 (7) 1. Corporation Name SOUTHCOST PCS CORPORATION		



Principal Place of Business 1800 INDEPENDENT SQ. JACKSONVILLE FL 32202	Mailing Address P.O. BOX 4069 JACKSONVILLE FL 32201
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/16/1995	
21 Suite, Apt. #, etc.		26 1 Independent Drive		4. FEI Number 59-3302440	
22 City & State		27 Suite 1600		Applied For Not Applicable	
23 Zip		28 Jacksonville, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Country		29 32202-5009		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30 USA		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent KREIS, ROBERT R 1800 INDEPENDENT SQ. JACKSONVILLE FL 32202				10. Name and Address of New Registered Agent			
B1 Name				B2 Street Address (P.O. Box Number is Not Acceptable) 1 Independent Drive, Suite 1600			
B3				B4 City Jacksonville			
B5 Zip Code 32202-5009				FL			

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 607.0605, Florida Statutes.

SIGNATURE

Signature: Typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
<input type="checkbox"/> DELETE				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	PD	NAME	LOVETT, W.R. II	1.1 TITLE	1.2 NAME		
STREET ADDRESS	1800 INDEPENDENT SQ.			1.3 STREET ADDRESS	1 Independent Drive, Suite 1600		
CITY-ST-ZIP	JACKSONVILLE FL 32202			1.4 CITY-ST-ZIP	Jacksonville, FL 32202-5009		
TITLE	VT	NAME	WILLIAMS, L.D.	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	1800 INDEPENDENT SQ.			2.2 NAME	1 Independent Drive, Suite 1600		
CITY-ST-ZIP	JACKSONVILLE FL 32202			2.3 STREET ADDRESS	Jacksonville, FL 32202-5009		
TITLE	D	NAME	LOEB, K L	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	1800 INDEPENDENT SQ.			3.2 NAME	1 Independent Drive, Suite 1600		
CITY-ST-ZIP	JACKSONVILLE FL 32202			3.3 STREET ADDRESS	Jacksonville, FL 32202-5009		
TITLE	D	NAME	LOVETT, P. H	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	1800 INDEPENDENT SQ.			4.2 NAME	1 Independent Drive, Suite 1600		
CITY-ST-ZIP	JACKSONVILLE FL 32202			4.3 STREET ADDRESS	Jacksonville, FL 32202-5009		
TITLE	D	NAME	LOVETT, L D	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	1800 INDEPENDENT SQ.			5.2 NAME	Fant, L. D. Lovett		
CITY-ST-ZIP	JACKSONVILLE FL 32202			5.3 STREET ADDRESS	1 Independent Drive, Suite 1600		
TITLE	VS	NAME	KREIS, ROBERT R.	5.4 CITY-ST-ZIP	Jacksonville, FL 32202-5009		
STREET ADDRESS	1800 INDEPENDENT SQUARE			6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP	JACKSONVILLE FL			6.2 NAME	1 Independent Drive, Suite 1600		
				6.3 STREET ADDRESS	Jacksonville, FL 32202-5009		
				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: *L. D. Williams* Vice President 6-1-98 (m) 634-8808

CR2E034 (10/97)