

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Aug 25 1997 8:00am
Secretary of State

DOCUMENT # P96000080577 (5)
1. Corporation Name
HEBRON COMMUNICATIONS CORPORATION



Principal Place of Business
220 SOUTH FRANKLIN ST
TAMPA FL 33602

Mailing Address
220 SOUTH FRANKLIN ST
TAMPA FL 33602

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21		26	5900 mosteller Dr.
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22	1750	27	1750
City & State		City & State	
23	OKla. City, OK	28	OKla. City, OK
Zip	Country	Zip	Country
24	73112	29	73112
25		30	

3. Date Incorporated or Qualified	3a. Date of Last Report
09/25/1996	
4. FEI Number	Applied For
59-3407373	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 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	
ROSS, JEREMY P 220 SOUTH FRANKLIN ST TAMPA FL 33602		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	<input type="checkbox"/> DELETE	11 TITLE	President <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		12 NAME	John E. Telling
STREET ADDRESS		13 STREET ADDRESS	5900 mosteller Dr., Ste 1750
CITY-ST-ZIP		14 CITY-ST-ZIP	OKla. City, OK 73112
TITLE	<input type="checkbox"/> DELETE	21 TITLE	Vice President <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	Pierre R. DeBuys
STREET ADDRESS		23 STREET ADDRESS	5900 mosteller, suite 1750
CITY-ST-ZIP		24 CITY-ST-ZIP	OKla. City, OK 73112
TITLE	<input type="checkbox"/> DELETE	31 TITLE	Secretary <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	Paula E. Foster
STREET ADDRESS		33 STREET ADDRESS	5900 mosteller, suite 1750
CITY-ST-ZIP		34 CITY-ST-ZIP	OKla. City, OK 73112
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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.

CR2E034 (4/97)