

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

FILED
May 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham , Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000100168 (9)**

1. Corporation Name
MERIDIAN TELECOMMUNICATIONS, INC.



Principal Place of Business
**289 HIGHWAY 90 EAST
SUITE E
LITTLE RIVER SC 29566
US**

Mailing Address
**P.O. BOX 326
N. MYRTLE BEACH SC 29597
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1744 Golfview Drive Suite, Apt. #, etc. 22 23 City & State Kissimmee, FL 24 Zip 34746 25 Country US		2a. Mailing Address 26 P.O. Box 423247 Suite, Apt. #, etc. 27 28 City & State Kissimmee, FL 29 Zip 34742-3247 30 Country US		3. Date Incorporated or Qualified 12/06/1996	
		4. FEI Number 59-3417035		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$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			

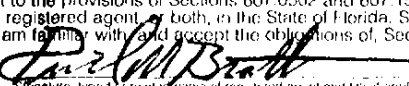
9. Name and Address of Current Registered Agent

**RILEY, STEVEN P ESQ
3333 HENDERSON BLVD
SUITE 150
TAMPA FL 33609-2938**

10. Name and Address of New Registered Agent

81 Name
Richard M. Brothers
82 Street Address (P.O. Box Number is Not Acceptable)
1744 Golfview Drive
83
84 City
Kissimmee **FL** 85 Zip Code
34746

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, 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  (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROTHERS, RICHARD M	1.2 NAME	
STREET ADDRESS	990 JAMESTOWN ROAD	1.3 STREET ADDRESS	1744 Golfview Drive
CITY-ST-ZIP	CONWAY SC 29526	1.4 CITY-ST-ZIP	Kissimmee, FL 34746
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDREWS, RAYMOND A	2.2 NAME	
STREET ADDRESS	894 HOLLY SANDS BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	LITTLE RIVER SC 29566	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROTHERS, LORI A	3.2 NAME	
STREET ADDRESS	990 JAMESTOWN ROAD	3.3 STREET ADDRESS	1744 Golfview Drive
CITY-ST-ZIP	CONWAY SC	3.4 CITY-ST-ZIP	Kissimmee, FL 34746
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:

 **LORI A. BROTHERS** 4-9-98

CR2E034 (10/97)