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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 15 PM 3:08

DOCUMENT # V04047 (9)

1. Corporation Name
HYPERION TELECOMMUNICATIONS OF FLORIDA, INC.

Principal Place of Business
**2129 CONGRESS AVENUE
RIVIERA BEACH FL 33404**

Mailing Address
**5 WEST THIRD ST
COUDERSPORT PA 16915
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 01/03/1992	3a. Date of Last Report 02/16/1994
4. FEI Number 65-0316615	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 has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	25 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24 Country	29 Zip
30 Country	

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

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 installing) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RIGAS, JOHN
STREET ADDRESS	5 WEST THIRD ST
CITY- ST- ZIP	COUDERSPORT PA
TITLE	VD
NAME	RIGAS, JAMES
STREET ADDRESS	5 WEST THIRD ST
CITY- ST- ZIP	COUDERSPORT PA
TITLE	VD
NAME	RIGAS, MICHAEL
STREET ADDRESS	5 WEST THIRD ST
CITY- ST- ZIP	COUDERSPORT PA
TITLE	VDT
NAME	RIGAS, TIMOTHY
STREET ADDRESS	5 WEST THIRD ST
CITY- ST- ZIP	COUDERSPORT PA
TITLE	VDS
NAME	MILLIARD, DANIEL
STREET ADDRESS	5 WEST THIRD ST
CITY- ST- ZIP	COUDERSPORT PA
TITLE	VD
NAME	FAJERSKI, PAUL
STREET ADDRESS	2570 BOYCE PLAZA ROAD
CITY- ST- ZIP	PITTSBURGH PA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Drenning, Charles	
1.3 STREET ADDRESS	2570 Boyce Plaza Road	
1.4 CITY- ST- ZIP	Pittsburgh, PA 15241	
2.1 TITLE	VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Fowler, Randolph	
2.3 STREET ADDRESS	2570 Boyce Plaza Road	
2.4 CITY- ST- ZIP	Pittsburgh, PA 15241	
3.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Fisher, Randall	
3.3 STREET ADDRESS	5 West Third Street	
3.4 CITY- ST- ZIP	Coudersport, PA 16915	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY- ST- ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY- ST- ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY- ST- ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), 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 in person. 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 addition.

SIGNATURE: Randall D. Fisher **Randall Fisher** 2/7/95 (814) 27409830
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR Date (Month/Year)