

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

FILED

**Feb 13 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000001949 (6)
1. Corporation Name
SABER COMMUNICATIONS, INC.



Principal Place of Business 1109 N. BELTUNE HWY. MOBILE AL 00 US	Mailing Address New address: c/o NEXTEL COMMUNICATIONS, INC. 1505 Farm Credit Drive McLean, VA 22102 Attn: Tax Dept.
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3. Date Incorporated or Qualified 04/14/1994	3a. Date of Last Report 02/07/1996
4. FEI Number 63-114447	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 type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MCAULEY, BRIAN D	
STREET ADDRESS	201 ROUTE 17 NORTH	
CITY-ST-ZIP	RUTHERFORD NJ 07070	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	O'BRIEN, MORGAN E	
STREET ADDRESS	200 CONNECTICUT AVENUE NW SUITE 1001	
CITY-ST-ZIP	WASHINGTON DC 20008	
TITLE	AST	<input checked="" type="checkbox"/> DELETE
NAME	VELE, JOHN A	
STREET ADDRESS	201 ROUTE 17 NORTH	
CITY-ST-ZIP	RUTHERFORD NJ 07070	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	PESCATORE, JOHN	
STREET ADDRESS	201 ROUTE 17 NORTH	
CITY-ST-ZIP	RUTHERFORD NJ	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SIDMAN, THOMAS	
STREET ADDRESS	201 ROUTE 17 NORTH	
CITY-ST-ZIP	RUTHERFORD NJ	
TITLE	AVP	<input type="checkbox"/> DELETE
NAME	WILLMOTH, JOHN	
STREET ADDRESS	201 ROUTE 17 NORTH	
CITY-ST-ZIP	RUTHERFORD NJ	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

7.1 TITLE	CEO/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
7.2 NAME	DANIEL F. AKERSON	
7.3 STREET ADDRESS	c/o NEXTEL COMMUNICATIONS, INC. 1505 Farm Credit Drive McLean, VA 22102	
7.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input checked="" 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		

New Address:
**c/o NEXTEL COMMUNICATIONS, INC.
1505 Farm Credit Drive
McLean, VA 22102
Attn: Tax Dept.**

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 _____ DATE **7-14-97 (203) 204-3000**

CR2E034 (9/96)