

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P25362 (5)
 1. Corporation Name
SOUTHERNNET, INC.



Principal Place of Business: **1801 PA AVE., NW. WASHINGTON DC 20006**
 Mailing Address: **133 19TH ST. N.W. WASHINGTON DC 20036**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		07/21/1989	08/29/1995
22 Suite, Apt #, etc		27 Suite, Apt #, etc		4. FEI Number	Applied For
23 City & State		28 City & State		58-1416873	Not Applicable
24 Zip		29 Zip		5. Certificate of Status Desired	\$8.75 Additional Fee Required
25 Country		30 Country		<input type="checkbox"/>	\$5.00 May Be Added to Fees
				6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
THE PRENTICE HALL CORP. SYSTEM, INC. 1201 HAYS ST. SUITE 105 TALLAHASSEE FL 32301				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: _____ (Type or print name of registered agent and title if applicable) (If No. Registered Agent signature required when reinstating) _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, GERALD H	12 NAME	
STREET ADDRESS	1801 PA AVE. N.W.	13 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC 20006	14 CITY-ST-ZIP	
TITLE	VP	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAU, CHARLES W	22 NAME	
STREET ADDRESS	1133 19TH ST. N.W.	23 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC 20036	24 CITY-ST-ZIP	
TITLE	SD	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WORTHINGTON, JOHN R	32 NAME	
STREET ADDRESS	1801 PA AVE. N.W.	33 STREET ADDRESS	SALSURY, MICHAEL
CITY-ST-ZIP	WASHINGTON DC 20006	34 CITY-ST-ZIP	1801 PA. AVE, NW WASHINGTON, DC 20006
TITLE	T	41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPARKS, BRADLEY E.	42 NAME	
STREET ADDRESS	1801 PA AVE NW	43 STREET ADDRESS	T JONELLE ST. JOHN
CITY-ST-ZIP	WASHINGTON DC	44 CITY-ST-ZIP	1801 PA. AVE NW WASHINGTON, DC 20006
TITLE	D	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, BART,	52 NAME	
STREET ADDRESS	1801 PA AVE, NW	53 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC 20006	54 CITY-ST-ZIP	
TITLE	AS	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREITAG, EDWARD,	62 NAME	
STREET ADDRESS	1133 19TH STREET, NW	63 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC 20036	64 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)(c), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ **CHARLES W. RAU** 7/25/96 202-736-6000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
VICE PRESIDENT

CR2E034 (3/96)