

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000082911 (6)**

1. Corporation Name
TRESCOM NETWORK SERVICES, INC.



Principal Place of Business: **200 E BROWARD BLVD. FT LAUDERDALE FL 33301**
Mailing Address: **200 E BROWARD BLVD. FT LAUDERDALE FL 33301**

3. Date Incorporated or Qualified: **11/14/1994**
3a. Date of Last Report: **05/01/1995**
4. FFI Number: **APPLIED FOR 65-0575169**
Applied For: 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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23
2a. Mailing Address: 26, 27, 28
24. Zip, 25. Country, 29. Zip, 30. Country

9. Name and Address of Current Registered Agent

**THE PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYS ST, 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 of principal place of business of registered agent and filer (if applicable)

Signature of Registered Agent (signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	D	<input type="checkbox"/> DELETE
NAME	KLUGMAN, NORMAN	
STREET ADDRESS	200 E BROWARD BLVD	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LEWIS, S J	
STREET ADDRESS	200 E BROWARD BLVD	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KRESSEL, HENRY	
STREET ADDRESS	200 E BROWARD BLVD	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
11. TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
12. NAME			
13. STREET ADDRESS			
14. CITY-ST-ZIP			
21. TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
22. NAME	Douglas Karp		
23. STREET ADDRESS	200 E Broward Blvd.		
24. CITY-ST-ZIP	Ft. Lauderdale, FL 33301		
31. TITLE	P.	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
32. NAME	Wesley T. O'Brien		
33. STREET ADDRESS	200 E Broward Blvd.		
34. CITY-ST-ZIP	Ft. Lauderdale, FL 33301		
41. TITLE	CFO	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
42. NAME	William A. Paquin		
43. STREET ADDRESS	200 E Broward Blvd.		
44. CITY-ST-ZIP	Ft. Lauderdale, FL 33301		
51. TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
52. NAME			
53. STREET ADDRESS			
54. CITY-ST-ZIP			
61. TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
62. NAME			
63. STREET ADDRESS			
64. CITY-ST-ZIP			

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-06/20/96--01063--023
***225.00**

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(1)(b), 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: *W Paquin* - **William A. Paquin**

05/20/96

6-20-96
654763-4000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)