

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000028866 (8)**

1. Corporation Name
AMERIFIRST NETWORK, INC.



Principal Place of Business: **5350 MOBILE HIGHWAY PENSACOLA FL 32526-2102**
Mailing Address: **5350 MOBILE HIGHWAY PENSACOLA FL 32526-2102**

3. Date Incorporated or Qualified: **04/07/1995**
3a. Date of Last Report

2. Principal Place of Business
21 **5350, MOBILE HWY**
Suite, Apt. #, etc. **18**
City & State **PENSACOLA FL**
Zip **32526-2102** Country **USA**

2a. Mailing Address
26 **SAME**
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **59-3321296**
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

9. Name and Address of Current Registered Agent
**CHASE, JAMES L
101 EAST GOVERNMENT STREET
PENSACOLA FL 32501**

10. Name and Address of New Registered Agent
81 Name **SAME**
82 Street Address (Post Office 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 _____ DATE _____
Signature typed or printed name of registered agent listed below applicable. (NOTE: Registered Agent signature required when remaining)

12. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------------------|---------------------------------|
| TITLE | PRESIDENT | <input type="checkbox"/> DELETE |
| NAME | JAY S. PATEL | |
| STREET ADDRESS | 5350, MOBILE HWY | |
| CITY-ST-ZIP | PENSACOLA FL | |
| TITLE | VICE PRESIDENT | <input type="checkbox"/> DELETE |
| NAME | NARESH K. PATEL | |
| STREET ADDRESS | 2303 W. MICHIGAN AVE | |
| CITY-ST-ZIP | PENSACOLA FL 32526 | |
| TITLE | SECRETARY | <input type="checkbox"/> DELETE |
| NAME | ELA PATEL | |
| STREET ADDRESS | 5350, MOBILE HWY | |
| CITY-ST-ZIP | PENSACOLA FL 32526 | |
| TITLE | PARVATI BEN S. PATEL | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | TREASURER | <input type="checkbox"/> DELETE |
| NAME | PARVATI BEN S. PATEL | |
| STREET ADDRESS | 5350, MOBILE HWY | |
| CITY-ST-ZIP | PENSACOLA FL 32526 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 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 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)(k), 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: _____
SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **6/1/96** 904 455-3871
Division Phone #

CRRE034 (12/95)