


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

FILED
Sep 20, 1999 8:00 am
Secretary of State

09-20-1999 90008 020 ***550.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000028866

1. Corporation Name
AMERIFIRST NETWORK, INC.



Principal Place of Business 2400 W. MICHIGAN AVENUE SUITE #17A PENSACOLA FL 32526 US	Mailing Address 2400 W. MICHIGAN AVENUE SUITE 17A PENSACOLA FL 32526 US
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 04/07/1995	
4. FEI Number 59-3321296	Applied For <input type="checkbox"/> Yes <input checked="" 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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 <i>Nash Patel</i>	
82 Street Address (P.O. Box Number is Not Acceptable) <i>2400 W. Michigan Ave.</i>	
83 <i>Suite 17-A</i>	
84 City <i>Pensacola</i>	85 Zip Code <i>FL 32526</i>

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: *Nash Patel* *Pres/Sec* **9-15-99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	PATEL, NIEL	
STREET ADDRESS	5350 MOBILE HWY	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	PS	<input type="checkbox"/> DELETE
NAME	PATEL, NARESH K	
STREET ADDRESS	2400 W. MICHIGAN AVE.	
CITY-ST-ZIP	PENSACOLA FL 32526	
TITLE	V	<input type="checkbox"/> DELETE
NAME	PATEL, JAY	
STREET ADDRESS	2400 W. MICHIGAN AVENUE	
CITY-ST-ZIP	PENSACOLA FL 32526	
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

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Niel Patel	
1.3 STREET ADDRESS	2400 W. Michigan Ave.	
1.4 CITY-ST-ZIP	Pensacola, FL 32526	
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE: *Niel Patel* **9-15-99** **850-457-3469**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)