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Jan 14 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 # **F90065** (6)
1. Corporation Name
NATIONAL CARRIER NETWORK, INC.



Principal Place of Business % RAYMOND A. KASSIS 1150 WEST KING STREET COCOA FL 32922	Mailing Address % RAYMOND A. KASSIS 1150 WEST KING STREET COCOA FL 32922-8686
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3. Date Incorporated or Qualified 07/09/1982		3a. Date of Last Report 03/19/1996	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		4. FEI Number 59-2878144 Applied For 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	
2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		30	

9. Name and Address of Current Registered Agent KASSIS, RAYMOND A. 1150 WEST KING STREET COCOA FL 32922		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	
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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, typed or printed name of registered agent or director, if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	D
NAME	KASSIS, RAYMOND A.	1.2 NAME	Kassis, Kimberly
STREET ADDRESS	1150 WEST KING STREET	1.3 STREET ADDRESS	1150 West King Street
CITY - ST - ZIP	COCOA FL	1.4 CITY - ST - ZIP	Cocoa, FL 32922
TITLE	D	2.1 TITLE	
NAME	FOX, NONIE L.	2.2 NAME	
STREET ADDRESS	1150 WEST KING STREET	2.3 STREET ADDRESS	
CITY - ST - ZIP	COCOA FL	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	
NAME	AZRAX, AGNES	3.2 NAME	
STREET ADDRESS	135 WINDSOR PLACE	3.3 STREET ADDRESS	
CITY - ST - ZIP	BROOKLYN NY	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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: *Raymond A. Kassis* 1/6/97 407-632-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #