

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

FILED

**Apr 28 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 # F95000003148 (2)
 1. Corporation Name
AMTEL NETWORK, INC.



Principal Place of Business 919 DILWORTH ST ST MARYS GA 31558	Mailing Address 919 DILWORTH ST ST MARYS GA 31558-3220
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 06/29/1995	3a. Date of Last Report 05/01/1996
21. Suite, Apt #, etc.	26. Suite, Apt #, etc.	4. FEI Number 58-2030763	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**REILLY, GORDON R
1287 AVONDALE AVENUE
JACKSONVILLE FL 32205**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV <input type="checkbox"/> DELETE WESTBERRY, WYMAN	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	919 DILWORTH ST	1.2 NAME	
STREET ADDRESS	ST MARYS GA 31558	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE SPANGLER, ROBERT E	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	919 DILWORTH ST	2.2 NAME	
STREET ADDRESS	ST MARYS GA 31558	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE BECKER, ERNEST C	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	108 NELSON PL	3.2 NAME	
STREET ADDRESS	ST MARYS GA 31558	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE REILLY, GORDON R	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1287 AVONDALE AVENUE	4.2 NAME	
STREET ADDRESS	JACKSONVILLE FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE MARINO, CHARLES J	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4309 SPRINGHILL CT	5.2 NAME	
STREET ADDRESS	KINGSLAND GA 31548	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  **Robert Spangler** 4/21/97 912.673.6000

CR2E034 (9/96)