

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 # J79649 (6)

1. Corporation Name

AMERICAN NETWORK LEASING, INC.



Principal Place of Business

7621 WESTMORELAND DRIVE
SARASOTA FL 34243

Mailing Address

7621 WESTMORELAND DRIVE
SARASOTA FL 34243

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified
06/18/1987

3a. Date of Last Report
08/03/1995

4. FEI Number
59-3005452

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

PETERSON, KENNETH LEROY
7621 WESTMORELAND DRIVE
SARASOTA FL 34243

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, typed or printed name of registered agent to be filed with this statement.

DATE: Registered Agent's signature required with this statement.

DATE:

12. OFFICERS AND DIRECTORS

TITLE P
NAME PETERSON, WANDA G.
STREET ADDRESS 7621 WESTMORELAND DRIVE
CITY - ST - ZIP SARASOTA FL 34243

TITLE CEO
NAME PETERSON, KENNETH L.
STREET ADDRESS 7621 WESTMORELAND DRIVE
CITY - ST - ZIP SARASOTA FL 34243

TITLE T
NAME SCHLUTZ, ROBERT
STREET ADDRESS RR 1 P.O. BOX 269
CITY - ST - ZIP COLUMBUS JUNCTION IA 52738

TITLE S
NAME MCDEVITT, WILLIAM
STREET ADDRESS 2323 N. MAY FAIR RD F-310
CITY - ST - ZIP MILWAUKEE WI 53226

TITLE
NAME FULKS, Charles T/ASST SEC
STREET ADDRESS 5214 Bimini DR.
CITY - ST - ZIP Bradenton FL 34210

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

901-28-96

CR2E034 (12/95)