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

28

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Zip

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K58898

1997

(3)

ALTERNATIVE NETWORKING, INC.

Principal Place of Business Mailing Address		T HODIONIN OLT ENEN COMEN LOLEN FORMY MAIN MADIN OLDEN OPEN ORDEN BYGGN DARK			
1300 RIVERLAND RD. FT. LAUDERDALE FL 33312	1300 RIVERLAND RD. FT. LAUDERDALE FL 33312-2942				
		3. Date incorporated or Qualified 01/18/1989	3a. Date of Last Report 04/04/1996		
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied Fe		
21	26	65-0126164	Not Applic		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Addition Fee Required		
City & State	City & State	Flection Campaign Financing	\$5.00 Nov. Bo		

9. Name and Address of Current Registered Agent RHOADES, TERRY E. 2607 GULFSTREAM LANE FORT LAUDERDALE FL 33312

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Country

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Z(0)

	Florida Statutes	Yes No
Τ	10. Name and Address of	f New Registered Agent
61	Name	
82	Street Address (P.O. Box Number is Not	Acceptable)
83		
84	City	85 Zip Code

This corporation has liability for intendible tax under s. 199,032

6. Election Campaign Financing

Trust Fund Contribution

FILED

May 19 1997 8:00am

Secretary of State

Applied For Not Applicable \$8.75 Additional Fee Required

\$5.00 May Be

Added to Fees

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.

Country

30

SIGNATURE						
	Stgrature, typicd or printed name of registrated agent and title if applicable			required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	2 (8) 4/2
12,	OFFICERS AND DIRECTORS DP DEL		13.		Change	Addition
1.[LE		LEIC	1.1 TITLE		L Crange	☐ AUGIIIOII
NAME	RHOADES, TERRY E.	ŀ	1.2 NAME			
STREET ADDRESS	2607 GULFSTREAM LANE	I.	1.3 STREET ADDRESS	•		
CHY-ST-ZIP	FT. LAUDERDALE FL		1.4 CITY - ST - ZIP			
TITLE	DV DE	LETE	2.1 TITLE		Change	Addition
NAME	Starkweather, gary		2.2 NAME	•		
STREET ADDRESS	2624 KEY LARGO LANE		2.3 STREET ADDRESS			
CHTY - ST - ZIP	FT. LAUDERDALE FL 33312		2. 4 CITY-ST-ZIP			
THE	☐ DEI	LETE	3.1 TITLE		Change	Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY- \$1-ZIP			3.4. CITY - ST - ZIP			
TiTLE	☐ DEI	LETE	4.1 TITLE		Change	Addition
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY - S1 - ZIP			4.4 CITY-ST-ZIP			
TITLE	☐ DEL	LETE	5.1 TITLE		Change	Addition
NAME		1	5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
001Y+S1+Z01			5.4 CITY-ST-ZIP			
TITLE	☐ DEI	LETE	6.1 TITLE		Change	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 supplements 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 receiptr or trustee employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if

SIGNATURE:

EO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954.581-9929

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