

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**

95 JUN 12 AM 9:12

**DOCUMENT # K93606 (7)**

1. Corporation Name  
**ATLANTIC TELECONNECT, INC.**

Principal Place of Business 5445 WILLIAMSBURG DRIVE PUNTA GORDA FL 33982 US	Mailing Address 5445 WILLIAMSBURG DRIVE PUNTA GORDA FL 33982 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29
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3. Date Incorporated or Qualified 06/07/1989	3a. Date of Last Report 07/08/1994
4. FEI Number 65-0124450	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. 189.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**COCCIA, JOHN**  
 154 TRIANGLE STREET  
 PORT CHARLOTTE FL 33954

10. Name and Address of New Registered Agent

81 Name **Kovalcik, Karen**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**5445 Williamsburg Dr**  
 83  
 84 City **Punta Gorda** FL 85 Zip Code **33982**

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 Karen Kovalcik Karen Kovalcik 1/21/95  
Signature (typed or printed name of registered agent and this if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DT
NAME	HORNER, MICHAEL
STREET ADDRESS	422 MADRID BLVD
CITY - ST - ZIP	PUNTA GORDA FL
TITLE	PD
NAME	KOVALCIK, BEN
STREET ADDRESS	21451 LANDIS AVENUE
CITY - ST - ZIP	PT. CHARLOTTE FL
TITLE	VD
NAME	GROVE, DENNIS
STREET ADDRESS	1345 WATERSIDE DR.
CITY - ST - ZIP	PT. CHARLOTTE FL
TITLE	VD
NAME	GROVE, DENNIS
STREET ADDRESS	1345 WATERSIDE DR.
CITY - ST - ZIP	PT. CHARLOTTE FL
TITLE	DS
NAME	HAYMAN, HARRY
STREET ADDRESS	161 CARLISLE AVE
CITY - ST - ZIP	PT. CHARLOTTE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 110.07(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 the 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: Ben T. Kovalcik Ben Kovalcik 1/21/95 (813) 637-4777  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone #)