

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 # **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**

3. Date Incorporated or Qualified 06/07/1989	3a. Date of Last Report 06/12/1995
4. FEI Number 65-0124450	Applied For <input type="checkbox"/> 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	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**KOVALCIK, KAREN
5445 WILLIAMSBURG DR
PUNTA GORDA FL 33982**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
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 and all officers and directors

(NOTE: Registered Agent's signature required when recording)

Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORNER, MICHAEL	1.2 NAME	
STREET ADDRESS	422 MADRID BLVD	1.3 STREET ADDRESS	
CITY- ST- ZIP	PUNTA GORDA FL	1.4 CITY- ST- ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOVALCIK, BEN	2.2 NAME	
STREET ADDRESS	21451 LANDIS AVENUE	2.3 STREET ADDRESS	
CITY- ST- ZIP	PT. CHARLOTTE FL	2.4 CITY- ST- ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROVE, DENNIS	3.2 NAME	
STREET ADDRESS	1345 WATERSIDE DR.	3.3 STREET ADDRESS	
CITY- ST- ZIP	PT. CHARLOTTE FL	3.4 CITY- ST- ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROVE, DENNIS	4.2 NAME	
STREET ADDRESS	1345 WATERSIDE DR.	4.3 STREET ADDRESS	
CITY- ST- ZIP	PT. CHARLOTTE FL	4.4 CITY- ST- ZIP	
TITLE	DS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYMAN, HARRY	5.2 NAME	
STREET ADDRESS	161 CARLISLE AVE	5.3 STREET ADDRESS	
CITY- ST- ZIP	PT CHARLOTTE FL	5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	CD
STREET ADDRESS		6.3 STREET ADDRESS	RIC GALEBRAITH
CITY- ST- ZIP		6.4 CITY- ST- ZIP	185 MOCKINGBIRD LANE ENGLEWOOD, FL. 34223

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: *Ben Kovalcik* **BEN KOVALCIK**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-96 941-637-4777
Date Daytime Phone #

CR2E034 (12/95)