

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

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Jul 17 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 # **K93606** (7)  
1. Corporation Name  
**ATLANTIC TELECONNECT, INC.**

Principal Place of Business <b>5445 WILLIAMSBURG DRIVE PUNTA GORDA FL 33982 US</b>	Mailing Address <b>5445 WILLIAMSBURG DRIVE PUNTA GORDA FL 33982-1717 US</b>
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2. Principal Place of Business 21 <b>5445 WILLIAMSBURG DRIVE</b> Suite, Apt. #, etc. 22 City & State 23 <b>PUNTA GORDA, FLA.</b> Zip 24 <b>33982</b> Country 25 <b>USA</b>		2a. Mailing Address 26 <b>5445 WILLIAMSBURG DRIVE</b> Suite, Apt. #, etc. 27 City & State 28 <b>PUNTA GORDA, FLA.</b> Zip 29 <b>33982</b> Country 30 <b>USA.</b>		3. Date Incorporated or Qualified <b>06/07/1989</b>	3a. Date of Last Report <b>03/26/1996</b>
		4. FEI Number <b>65-0124450</b>		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>KOVALOK, KAREN 5445 WILLIAMSBURG DR PUNTA GORDA FL 33982</b>		10. Name and Address of New Registered Agent 81 Name <b>MICHAEL J. HORNER</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>222 NESBIT STREET</b> 83 <b>C/O McCLUSKEY, GAINES, GILL, DAUGHTREY &amp; HORNER CPAs</b> 84 City <b>PUNTA GORDA</b> FL 85 Zip Code <b>33950</b>	
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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 *Michael J. Horner* **MICHAEL J. HORNER** 7/14/97  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT HORNER, MICHAEL 422 MADRID BLVD PUNTA GORDA FL</b>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD KOVALOK, BEN 21451 LANDIS AVENUE PT. CHARLOTTE FL</b>	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD GROVE, DENNIS 1345 WATERSIDE DR. PT. CHARLOTTE FL</b>	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD GROVE, DENNIS 1345 WATERSIDE DR. PT. CHARLOTTE FL</b> <b>DUPLICATED</b>	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS HAYMAN, HARRY 181 CARLISLE AVE PT CHARLOTTE FL</b>	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO/D RICHARD D GALBRAITH 185 MOCKINGBIRD LANE ENGLEWOOD, FL 34223</b>	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, changed, or on an attachment with an address.

SIGNATURE *Richard D Galbraith* **RICHARD D GALBRAITH** CEO 7/14/97 941-723-4777

CR2E034 (9/96)