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Jan 22 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L72797 (8)

1. Corporation Name
AMERICAN TELEPHONE NETWORK, INC.

Principal Place of Business
% RHONDA ELIZABETH RIFFE
1500 CORPORATE CENTER WAY, STE 202
W PALM BEACH FL 33414

Mailing Address
% RHONDA ELIZABETH RIFFE
1500 CORPORATE CENTER WAY, STE 202
W PALM BEACH FL 33414-8598



2. Principal Place of Business
21 304 Westwood Circle N.
Suite, Apt. #, etc.
22 City & State
23 W. Palm Beach, FL
Zip Country
24 33411 25 Palm Beach
26 304 Westwood Circle N.
Suite, Apt. #, etc.
27 City & State
28 West Palm Beach, FL
Zip Country
29 33411 30

3. Date Incorporated or Qualified 05/11/1990
3a. Date of Last Report 03/12/1996
4. FEI Number 65-0194553
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

RIFFE, RHONDA ELIZABETH
1500 CORPORATE CENTER WAY, SUITE 202
W PALM BEACH FL 33414

10. Name and Address of New Registered Agent

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 and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	RIFFE, RHONDA E.	
STREET ADDRESS	1500 CORPORATE CENTER WAY, #202	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	GRAVES, RICHARD C.	
STREET ADDRESS	2313 6TH AVE S.	
CITY-ST-ZIP	BIRMINGHAM AL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GRAVES, CURTIS	
STREET ADDRESS	889 BENDIX DRIVE	
CITY-ST-ZIP	JACKSON TN	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	304 Westwood Circle N
1.4 CITY-ST-ZIP	W. Palm Beach, FL 33411
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	President
2.3 STREET ADDRESS	Richard Graves
2.4 CITY-ST-ZIP	889 Bendix Dr. Jackson, TN 38301
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 if changed, or on an attachment with an address.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-97 561-795-8574
Date Daytime Phone #

CR2E034 (9/96)