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FILED
May 16 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N96000004801 (4)

1. Corporation Name

ARK COMMUNICATIONS NETWORK, INC.



Principal Place of Business

Mailing Address

545 MOULTRIE WELLS ROAD
ST AUGUSTINE FL 32086-5449

545 MOULTRIE WELLS ROAD
ST AUGUSTINE FL 32086-5449

3. Date Incorporated or Qualified
09/16/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

593400485 EIN

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$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

10. Name and Address of New Registered Agent

SIMONIC, NICHOLAS T
8280-5 PRINCETON SQUARE BLVD., WEST
JACKSONVILLE FL 32256

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 617.0502 and 617.1508, 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 617.0503, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D DELETE

NAME CHAPARRO, NOE
STREET ADDRESS 545 MOULTRIE WELLS ROAD
CITY-ST-ZIP ST AUGUSTINE FL 32086-5449

1.1 TITLE Change Addition

TITLE D DELETE

NAME SIMONIC, NICHOLAS T
STREET ADDRESS 8280-5 PRINCETON SQUARE BOULEVARD, WEST
CITY-ST-ZIP JACKSONVILLE FL 32256

2.1 TITLE Change Addition

TITLE D DELETE

NAME CHAPARRO, EVELYN
STREET ADDRESS 545 MOULTRIE WELLS ROAD
CITY-ST-ZIP ST AUGUSTINE FL 32086-5449

3.1 TITLE Change Addition

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change 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 registered trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment to this address.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0001807

5/18/97 (904) 829-9200

CR2E037 (9/96)