

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

**APPROVED
AND
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95 JAN 30 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-02/01/95--01047--002
***200.00 ***200.00

DO NOT WRITE IN THIS SPACE.

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **P28684** (9)
1. Corporation Name
AMERICAN NETWORK EXCHANGE, INC.

Principal Place of Business Mailing Address
100 W LUCERNE CIR 101 PARK AVE
STE 100 STE 2507
ORLANDO FL 32801 NEW YORK NY 10178
US US

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

3. Date Incorporated or Qualified 03/29/1990	3a. Date of Last Report 05/01/1994
4. FEI Number 06-1303396	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. 190.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**UNITED CORPORATE SERVICES, INC.
801 NORTHEAST 167TH STREET
SUITE 300
NORTH MIAMI BEACH FL 33162**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0902 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 _____ DATE _____
Signature, typed or printed name of registered agent and title (application) (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LYONS, DAVID A. 100 W LUCERNE CIR ORLANDO FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	D Dettmars, Michael V. 100 West Lucerne Circle Orlando, FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GROSS, AMY S 100 W LUCERNE CIR ORLANDO FL	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	I KOLODNY, ADAM R 100 W LUCERNE CIR ORLANDO FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	VP Teresa Hannay 100 West Lucerne Circle Orlando, FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BARITZ, KENNETH 100 W LUCERNE CIR ORLANDO FL	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	D RUIZ, EUGENE 100 W LUCERNE CIR ORLANDO FL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD IZZO, PETER M JR 100 W LUCERNE CIR ORLANDO FL	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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statute. I further certify that the information included 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 13a, above, or on an attachment with an address.

SIGNATURE:  Secretary, Amy S. Gross 1/25/95 (212) 867-4639
Typed or printed name of signing officer or director Date (Month/Year)

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**APPROVED
AND
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95 FEB - 2 AM 11:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900001401989
-02/09/95--01073--005
****400.00 ****200.00

DO NOT WRITE IN THIS SPACE

CORPORATION ANNUAL REPORT 1994



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1. Corporation Name
QUALITY CARRIERS, INC

DOCUMENT #
P29585 (7)

Mailing Address
**3108 CENTRAL DRIVE
PLANT CITY FL 33567**

Principal Place of Business
**3108 CENTRAL DRIVE
PLANT CITY FL 33567**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. Mailing Address	2a. Principal Place of Business	3. Date incorporated or Qualified	3a. Date of Last Report
21	26	05/31/1990	04/09/1993
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FBI Number	Applied For
22	27	54-0643157	<input type="checkbox"/> Not Applicable
City & State	City & State	5. Certificate of Status Deemed	6. Election Campaign Financing Trust Fund Contribution
23	28	\$8.75 Additional Fee Required <input type="checkbox"/>	<input type="checkbox"/>
Zip	Country	7. Nonprofit Exempt from \$138.75 Supplemental Fee	\$5.00 May Be Added to Fees
24	25	<input type="checkbox"/>	
Country	Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
29	30		

9. Name and Address of Current Registered Agent

**KASAK, ROBERT
3108 CENTRAL DRIVE
PLANT CITY FL 33567**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or 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 607.0505 or 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P	1.1 TITLE	
1.2 NAME	O'BRIEN, CHARLES J.	1.2 NAME	
1.3 STREET ADDRESS	3108 CENTRAL DRIVE	1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	PLANT CITY FL	1.4 CITY-ST-ZIP	
2.1 TITLE	VIT	2.1 TITLE	VIT
2.2 NAME	LEETCH, ROBERT	2.2 NAME	Brawley, Richard J.
2.3 STREET ADDRESS	3108 CENTRAL DRIVE	2.3 STREET ADDRESS	3108 Central Dr.
2.4 CITY-ST-ZIP	PLANT CITY FL	2.4 CITY-ST-ZIP	Plant City FL 33567
3.1 TITLE	V	3.1 TITLE	
3.2 NAME	GRIMM, MICHAEL	3.2 NAME	
3.3 STREET ADDRESS	3108 CENTRAL DRIVE	3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	PLANT CITY FL	3.4 CITY-ST-ZIP	
4.1 TITLE	S	4.1 TITLE	
4.2 NAME	KASAK, ROBERT	4.2 NAME	
4.3 STREET ADDRESS	3108 CENTRAL DRIVE	4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	PLANT CITY FL	4.4 CITY-ST-ZIP	
5.1 TITLE	D	5.1 TITLE	
5.2 NAME	BABBITT, ELTON	5.2 NAME	
5.3 STREET ADDRESS	3108 CENTRAL DRIVE	5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	PLANT CITY FL	5.4 CITY-ST-ZIP	
6.1 TITLE	D	6.1 TITLE	
6.2 NAME	BABBITT, GORDON	6.2 NAME	
6.3 STREET ADDRESS	3108 CENTRAL DRIVE	6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	PLANT CITY FL	6.4 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 release the Division of Corporations from any liability of non-compliance with Section 110.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; that I am an officer or director of the corporation or the receiver or trustee empowered to execute and report as required by Chapter 607 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Robert R. Kasak* DATE **1/23/95**
 SECRETARY OF STATE
 Robert R. Kasak, Secretary