

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 # **P28684 (9)**

1. Corporation Name
AMERICAN NETWORK EXCHANGE, INC.



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

3. Date Incorporated or Qualified: **03/29/1990**
3a. Date of Last Report: **01/30/1995**
4. FEI Number: **06-1303396**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: DETMARS, MICHAEL V.		1.2 NAME: <i>Acting CFO</i>
STREET ADDRESS: 100 W LUCERNE CIR		1.3 STREET ADDRESS: <i>Stovall, Richard</i>
CITY-ST-ZIP: ORLANDO FL		1.4 CITY-ST-ZIP: <i>100 W. Lucerne Cir Orlando, FL 32801</i>
TITLE: S	<input type="checkbox"/> DELETE	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: GROSS, AMY S		2.2 NAME:
STREET ADDRESS: 100 W LUCERNE CIR		2.3 STREET ADDRESS:
CITY-ST-ZIP: ORLANDO FL		2.4 CITY-ST-ZIP:
TITLE: VP	<input checked="" type="checkbox"/> DELETE	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: HANNAY, TERESA		3.2 NAME:
STREET ADDRESS: 100 W LUCERNE CIR		3.3 STREET ADDRESS:
CITY-ST-ZIP: ORLANDO FL		3.4 CITY-ST-ZIP:
TITLE: D	<input type="checkbox"/> DELETE	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: BARITZ, KENNETH		4.2 NAME:
STREET ADDRESS: 100 W LUCERNE CIR		4.3 STREET ADDRESS: 600001801806
CITY-ST-ZIP: ORLANDO FL		4.4 CITY-ST-ZIP: -04/30/96--01097--045
TITLE: D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: RUIZ, EUGENE		5.2 NAME:
STREET ADDRESS: 100 W LUCERNE CIR		5.3 STREET ADDRESS: ***200.00
CITY-ST-ZIP: ORLANDO FL		5.4 CITY-ST-ZIP:
TITLE: PD	<input type="checkbox"/> DELETE	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: IZZO, PETER M JR		6.2 NAME:
STREET ADDRESS: 100 W LUCERNE CIR		6.3 STREET ADDRESS:
CITY-ST-ZIP: ORLANDO FL		6.4 CITY-ST-ZIP:

600001801806
-04/30/96--01097--045
***200.00

Handwritten initials and signatures: JR, 96, 4/30/96

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: *Richard Stovall* DATE: *Apr 29/96* (407) 246-1234

CR2E034 (12/95)