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Mar 06 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 # 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 10178-2507 US
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3. Date Incorporated or Qualified 03/29/1990	3a. Date of Last Report 04/30/1996
4. FEI Number 06-1303396	Applied For 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. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 100 West Lucerne Cir.
22 City & State	27 Suite 100
23 Zip Country	28 Orlando, FL
24 Zip Country	29 32801 30 Orange

9. Name and Address of Current Registered Agent

**UNITED CORPORATE SERVICES, INC.
801 NORTHEAST 187TH 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)	FL
83	
84 City	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	CFO <input type="checkbox"/> DELETE
NAME	STEUN, RICHARD
STREET ADDRESS	100 W LUCERNE CIR. ORLANDO FL 32801
CITY - ST - ZIP	
TITLE	S <input type="checkbox"/> DELETE
NAME	GROSS, AMY S
STREET ADDRESS	100 W LUCERNE CIR, Suite 100 ORLANDO FL 32801
CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE
NAME	BARITZ, KENNETH
STREET ADDRESS	100 W LUCERNE CIR, Suite 100 ORLANDO FL 32801
CITY - ST - ZIP	
TITLE	PD <input type="checkbox"/> DELETE
NAME	IZZO, PETER M JR
STREET ADDRESS	100 W LUCERNE CIR, ORLANDO FL
CITY - ST - ZIP	
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	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Stoun, Richard
1.3 STREET ADDRESS	100 W. Lucerne Cir., Suite 100
1.4 CITY - ST - ZIP	Orlando, FL 32801
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Izzo, Peter M., Jr.
4.3 STREET ADDRESS	100 W. Lucerne Cir., Suite 100
4.4 CITY - ST - ZIP	Orlando, FL 32801
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Kevin D. Griffo
5.3 STREET ADDRESS	100 W. Lucerne Cir., Suite 100
5.4 CITY - ST - ZIP	Orlando, FL 32801
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, 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:  **Amy S. Gross, Secretary** 407/246-1234

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (9/96)