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FILED
May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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 100 WEST LUCERNE CIR SUITE 100 ORLANDO FL 32801 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 03/29/1990	
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 owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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	
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 607.1508, 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 _____ (Type or print name of registered agent or officer if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	Y	<input type="checkbox"/> DELETE
NAME	STOUN, RICHARD	
STREET ADDRESS	100 W LUCERNE CIR., SUITE 100	
CITY - ST - ZIP	ORLANDO FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GROSS, AMY S	
STREET ADDRESS	100 W LUCERNE CIR., SUITE 100	
CITY - ST - ZIP	ORLANDO FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BARITZ, KENNETH	
STREET ADDRESS	100 W LUCERNE CIR., SUITE 100	
CITY - ST - ZIP	ORLANDO FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	IZZO, PETER M JR	
STREET ADDRESS	100 W LUCERNE CIR., SUITE 100	
CITY - ST - ZIP	ORLANDO FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	GRIFFO, KEVIN D	
STREET ADDRESS	100 W LUCERNE CIR., SUITE 100	
CITY - ST - ZIP	ORLANDO FL	
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	Fern D. Simmons	
1.3 STREET ADDRESS	100 W. Lucerne Circle, Suite 100	
1.4 CITY - ST - ZIP	Orlando, FL 32801	
2.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Guy A. Longobardo	
2.3 STREET ADDRESS	100 W. Lucerne Circle, Suite 100	
2.4 CITY - ST - ZIP	Orlando, FL 32801	
3.1 TITLE	VP-CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Cynthia I. Terrell	
3.3 STREET ADDRESS	100 W. Lucerne Circle, Suite 100	
3.4 CITY - ST - ZIP	Orlando, FL 32801	
4.1 TITLE	VP-COO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Roy L. Schiele	
4.3 STREET ADDRESS	100 W. Lucerne Circle, Suite 100	
4.4 CITY - ST - ZIP	Orlando, FL 32801	
5.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Ray Costa	
5.3 STREET ADDRESS	100 W. Lucerne Circle, Suite 100	
5.4 CITY - ST - ZIP	Orlando, FL 32801	
6.1 TITLE	VP-Sales	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Mark Arbeit	
6.3 STREET ADDRESS	100 W. Lucerne Circle, Suite 100	
6.4 CITY - ST - ZIP	Orlando, FL 32801	

14. I 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 any attachment with an address.

SIGNATURE _____ Richard A. Perry 4/22/98 407/246-1024

CR2E034 (10/97)

