

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **P32678**

(5)

1. Corporation Name

AMER-NET SERVICES CORP.

Principal Place of Business

**300 CORPORATE CENTER DRIVE
MANALAPAN NJ 07726**

Mailing Address

**300 CORPORATE CENTER DRIVE
MANALAPAN NJ 07726-8700**

2. Principal Place of Business

21 5140 W. HURLEY POND ROAD

Suite, Apt. #, etc.

22

City & State

23 FARMINGDALE, NJ

Zip

24 07727

Country

25 USA

2a. Mailing Address

26 5140 W. HURLEY POND ROAD

Suite, Apt. #, etc.

27

City & State

28 FARMINGDALE, NJ

Zip

29 07727

Country

30 USA

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

3. Date Incorporated or Qualified

01/29/1991

3a. Date of Last Report

08/12/1996

4. FEI Number

22-3080531

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for interfigible tax under s. 199.032
Florida Statutes

☒ Yes

☐ No

10. Name and Address of New Registered Agent

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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **CEO** ☒ DELETE
NAME **SAVERY, DOUGLAS E**
STREET ADDRESS **300 CORPORATE CENTER DRIVE**
CITY-ST-ZIP **MANALAPAN NJ 07726**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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CITY-ST-ZIP

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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PHD** ☒ Change ☐ Addition
1.2 NAME **KENTON W. NICE**
1.3 STREET ADDRESS **5140 W. HURLEY POND ROAD**
1.4 CITY-ST-ZIP **FARMINGDALE, NEW JERSEY 07727**

2.1 TITLE **V/S/D** ☒ Change ☐ Addition
2.2 NAME **CHRISTOPHER RICCA**
2.3 STREET ADDRESS **5140 W. HURLEY POND ROAD**
2.4 CITY-ST-ZIP **FARMINGDALE, NEW JERSEY 07727**

3.1 TITLE **D** ☐ Change ☒ Addition
3.2 NAME **GARY KRAUSE**
3.3 STREET ADDRESS **209 E. WILLIAMS, SUITE 630**
3.4 CITY-ST-ZIP **WICHITA, KANSAS 67202**

4.1 TITLE **D** ☐ Change ☒ Addition
4.2 NAME **AHMAD LAMAH**
4.3 STREET ADDRESS **300 CORPORATE CENTER DRIVE**
4.4 CITY-ST-ZIP **MANALAPAN, NEW JERSEY 07726**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 supplementary 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:

[Signature]

4/11/97

800-800-7000

CR2E034 (9/96)

FILED
May 14 1997 8:00am
Secretary of State

