

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

FILED
Mar 03 1997 8:00am
Secretary of State

DOCUMENT # P36856 (3)

1. Corporation Name
TELECOM NETWORK SOLUTIONS, INC.



Principal Place of Business
3660 MAGUIRE BLVD
STE. 210
ORLANDO FL 32803
US

Mailing Address
3660 MAGUIRE BLVD
STE. 210
ORLANDO FL 32803-3061
US

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 P.O. Box 780970
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

3. Date Incorporated or Qualified
12/30/1991

3a. Date of Last Report
02/13/1996

4. FEI Number
31-1312762

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 intangible tax under s. 199.032, Florida Statutes
Yes No

9. Name and Address of Current Registered Agent
WILKERSON, JOHN L.
3660 MAGUIRE BLVD
STE 210
ORLANDO FL 32803

10. Name and Address of New Registered Agent
81 Name
WILKERSON, JOHN L.
82 Street Address (P.O. Box Number is Not Acceptable)
1756 BRANCHWATER TR
83
84 City
ORLANDO
85 Zip Code
32825

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
JOHN L. WILKERSON
DATE
2-5-97

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DCP	NAME	WILKERSON, JOHN L.	1.1 TITLE		1.2 NAME	
STREET ADDRESS	3660 MAGUIRE BLVD., STE. 210	CITY - ST - ZIP	ORLANDO FL 32803	1.3 STREET ADDRESS		1.4 CITY - ST - ZIP	
TITLE	T	NAME	WILKERSON, JOHN L.	2.1 TITLE		2.2 NAME	
STREET ADDRESS	3660 MAGUIRE BLVD., STE. 210	CITY - ST - ZIP	ORLANDO FL 32803	2.3 STREET ADDRESS		2.4 CITY - ST - ZIP	
TITLE	DV	NAME	WILKERSON, MUFFIE	3.1 TITLE	DS	3.2 NAME	WILKERSON, MUFFIE
STREET ADDRESS	3660 MAGUIRE BLVD., STE. 210	CITY - ST - ZIP	ORLANDO FL 32803	3.3 STREET ADDRESS	1756 BRANCHWATER TR	3.4 CITY - ST - ZIP	ORLANDO, FL 32825
TITLE		NAME		4.1 TITLE		4.2 NAME	
STREET ADDRESS		CITY - ST - ZIP		4.3 STREET ADDRESS		4.4 CITY - ST - ZIP	
TITLE		NAME		5.1 TITLE		5.2 NAME	
STREET ADDRESS		CITY - ST - ZIP		5.3 STREET ADDRESS		5.4 CITY - ST - ZIP	
TITLE		NAME		6.1 TITLE		6.2 NAME	
STREET ADDRESS		CITY - ST - ZIP		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 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: JOHN L. WILKERSON
DATE: 2-5-97
DAYTIME PHONE: 407-332-1612

CR2E034 (9/96)