

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P39375

4-3-96 B-3025-C (1)

1. Corporation Name
ATLANTIC NETWORK SYSTEMS, INC.



Principal Place of Business: 975 WALNUT STREET, #104 CARY NC 27511
Mailing Address: 975 WALNUT STREET, #104 CARY NC 27511

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 County 25
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 County 30

3. Date Incorporated or Qualified: 06/23/1992
3a. Date of Last Report: 06/20/1995
4. FEI Number: 56-1643737 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 intangible tax under s. 190.032, Florida Statutes: Yes No
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent
**WELLS, TONY
10234 N.W. 47TH STREET
FORT LAUDERDALE FL 33351**

81. Name
82. Street Address (P.O. Box Numbers Not Acceptable)
83.
84. City
85. Zip Code
FL

11. Pursuant to the provisions of Sections 119.01(1) and 119.01(5), Florida Statutes, the above named corporation certifies 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. Thereby, accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0095, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERSON, DOUGLAS L	NAME	
STREET ADDRESS	975 WALNUT STREET, #104	STREET ADDRESS	
CITY, ST, ZIP	CARY NC 27511	CITY, ST, ZIP	
TITLE	VS	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOVETT, WALT	NAME	
STREET ADDRESS	975 WALNUT STREET, #104	STREET ADDRESS	
CITY, ST, ZIP	CARY NC 27511	CITY, ST, ZIP	
TITLE	T	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOONCE, TAYLOR	NAME	
STREET ADDRESS	975 WALNUT STREET, #104	STREET ADDRESS	
CITY, ST, ZIP	CARY NC	CITY, ST, ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	

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 119.01(3)(b), Florida Statutes. I further certify that the information included on this form is signed by a person authorized to sign 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 secretary or authorized agent of the corporation as reported or required by Chapter 607, Florida Statutes, and that my name appears in Book 12 of Block 13 if changed from an officer to a director.

SIGNATURE: *D.L. Roberson* **D. L. ROBERSON, PRES.** 3/28/96 (919) 469 8155
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)