

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
 Aug 18 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 # P39375 (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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 8205 BROWNLEIGH DR Suite, Apt. #, etc. 22	2a. Mailing Address 26 8205 BROWNLEIGH DR Suite, Apt. #, etc. 27	3. Date Incorporated or Qualified 06/23/1992	3a. Date of Last Report 04/03/1996
23 RALEIGH NC City & State	28 RALEIGH NC City & State	4. FEI Number 56-1643737	Applied For Not Applicable
24 27612 Zip	25 WAKE Country	29 27612 Zip	30 WAKE Country

9. Name and Address of Current Registered Agent

WELLS, TONY
 10234 N.W. 47TH STREET
 FORT LAUDERDALE FL 33351

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

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	P	<input checked="" type="checkbox"/> DELETE
NAME	ROBERSON, DOUGLAS L	
STREET ADDRESS	975 WALNUT STREET, #104	
CITY-ST-ZIP	CARY NC 27511	
TITLE	VS	<input checked="" type="checkbox"/> DELETE
NAME	LOVETT, WALT	
STREET ADDRESS	975 WALNUT STREET, #104	
CITY-ST-ZIP	CARY NC 27511	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	KOONCE, TAYLOR	
STREET ADDRESS	975 WALNUT STREET, #104	
CITY-ST-ZIP	CARY NC	
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	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DOUG ROBERSON	
1.3 STREET ADDRESS	8205 BROWNLEIGH DR.	
1.4 CITY-ST-ZIP	RALEIGH NC 27612	
2.1 TITLE	V. PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	WALT LOVETT	
2.3 STREET ADDRESS	8205 BROWNLEIGH DR	
2.4 CITY-ST-ZIP	RALEIGH NC 27612	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 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: _____ **7/28/97 9197864388**

CR2E034 (4/97)