

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

FILED

Jan 27 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 # P94000051511 (1)
1. Corporation Name
ADVANCED TELEPHONE SYSTEMS OF CENTRAL FLORIDA, I NC.

Principal Place of Business 1423 W. FAIRBANKS AVE. WINTER PARK FL 32789	Mailing Address 1423 W. FAIRBANKS AVE. WINTER PARK FL 32789-4805
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 06/30/1994	3a. Date of Last Report 03/11/1996
21	26	4. FEI Number 59-3259838	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt #, etc.	Suite, Apt #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
City & State	City & State	23	28
Zip	Country	24	25
29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	


9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
DUNN, GARY W 1423 W. FAIRBANKS AVE. WINTER PARK FL 32789		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNN, GARY W	1.2 NAME	Dunn, Jill C.
STREET ADDRESS	1423 W. FAIRBANKS AVE.	1.3 STREET ADDRESS	2804 Bongart Rd.
CITY-ST-ZIP	WINTER PARK FL 32789	1.4 CITY-ST-ZIP	Winter Park, FL 32792 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	VP <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNN, JILL C	2.2 NAME	Dunn, Gary W.
STREET ADDRESS	1423 W. FAIRBANKS AVE.	2.3 STREET ADDRESS	2804 Bongart Rd.
CITY-ST-ZIP	WINTER PARK FL 32789	2.4 CITY-ST-ZIP	Winter Park, FL 32792
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:  **REQUIRED** 1/16/97 407-644-4445

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)