FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000040661 (7)**

1. Corporation Name

A-TELENET, INC.

Principal Place of Business	Mailing Address
2631 EAST OAKLAND PARK BLVD. STE 101 FORT LAUDERDALE FL 33306-1607	2631 EAST OAKLAND PARK BLVD. STE 101 FORT LAUDERDALE FL 33306-1607

3. Date Incorporated or Qualified: **05/23/1995**
3a. Date of Last Report:

2. Principal Place of Business
21 4153 S.W. 47th Ave Suite 144
Suite, Apt. #, etc
22 Suite 144
City & State
23 Ft. Lauderdale Florida
Zip 24 33314-4047 Country 25

2a. Mailing Address
26 P.O. Box 5471
Suite, Apt. #, etc
27
City & State
28 Ft. Lauderdale Florida
Zip 29 33310-5471 Country 30

4. FEI Number: [ ] Applied For [X] 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. 199.032, Florida Statutes [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

DE CAMP, IRENE
2631 EAST OAKLAND PARK BLVD. STE 101
FORT LAUDERDALE FL 33306-1607

10. Name and Address of New Registered Agent

81 Name: BASHORE R.L.
82 Street Address (P.O. Box Number is Not Acceptable): 4153 S.W. 47th Ave Suite 144
83 Suite 144
84 City: Ft. Lauderdale FL 85 Zip Code: 33314-4047

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 if you are reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	[ ] DELETE	1.1 TITLE	CD	[ ] Change [X] Addition
NAME	DE CAMP, IRENE		1.2 NAME	BASHORE R.L.	
STREET ADDRESS	2631 EAST OAKLAND PARK BLVD. STE 101		1.3 STREET ADDRESS	4153 S.W. 47th AVE SUITE 144	
CITY-ST-ZIP	FORT LAUDERDALE FL 33306-1607		1.4 CITY-ST-ZIP	FT. LAUDERDALE FLORIDA 33314-4047	
TITLE	ASTD	[ ] DELETE	2.1 TITLE	ASTD	[ ] Change [X] Addition
NAME	JACKSON, MARY JANE		2.2 NAME	JACKSON, MARY JANE	
STREET ADDRESS	4153		2.3 STREET ADDRESS	4153 S.W. 47th AVE SUITE 144	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	FT. LAUDERDALE, FLORIDA 33314-4047	
TITLE		[ ] DELETE	3.1 TITLE		[ ] Change [ ] Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		[ ] DELETE	4.1 TITLE		[ ] Change [ ] Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		[ ] DELETE	5.1 TITLE		[ ] Change [ ] Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		[ ] DELETE	6.1 TITLE		[ ] Change [ ] Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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 119.07(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: Mary Jane Jackson ASST. SEC/TREAS., DIR 8/5/96 954-791-8100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
MARY JANE JACKSON