

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
May 09 1996 8:00 am  
Secretary of State

DOCUMENT # P95000044504 (5)

1. Corporation Name

AMERICAN TELECOM NETWORK COMMUNICATIONS INC.



Principal Place of Business

11505 TULLAMORE STREET  
TEMPLE TERRACE FL 33617

Mailing Address

11505 TULLAMORE STREET  
TEMPLE TERRACE FL 33617

2. Principal Place of Business

21 1509 Government St.

Suite, Apt. #, etc.

22

City & State

23 Mobile AL

Zip

24 36604

Country

25 USA

2a. Mailing Address

26 1509 Government St.

Suite, Apt. #, etc.

27

City & State

28 Mobile AL

Zip

29 36604

Country

30 USA

3. Date Incorporated or Qualified

06/01/1995

3a. Date of Last Report

4. FEI Number

163-1145371

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. 199.032,  
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

ELLIOTT, CHARLENE  
11505 TULLAMORE STREET  
TEMPLE TERRACE FL 33617

10. Name and Address of New Registered Agent

81 Name

Elliott Charlene

82 Street Address (P.O. Box Number is Not Acceptable)

2854 S.E. Federal Highway

83

84 City

Stuart

FL

85 Zip Code

34994

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

Charlene Elliott

(NOTE: Registered Agent signature required when reinstating)

4/30/96

12. OFFICERS AND DIRECTORS

TITLE

PRESIDENT

☐ DELETE

NAME

Nicholas ELLIOTT

STREET ADDRESS

1509 Government St

CITY-ST-ZIP

MOBILE AL 36604

TITLE

CFO TREAS.

☐ DELETE

NAME

DEBRA DEVITO

STREET ADDRESS

1509 Government St.

CITY-ST-ZIP

MOBILE AL 36604

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Charlene Elliott

4/30/96

334/479

CR2E034 (12/95)