

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

FILED

May 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000057914 (0)
1. Corporation Name
SOUTHEAST COMMUNICATION NETWORK SERVICES, INC.



Principal Place of Business 808 S.E. FORT KING STREET OCALA FL 34471	Mailing Address 808 S.E. FORT KING STREET OCALA FL 34471
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 402 SW 33 AVE Suite, Apt. #, etc.		2a. Mailing Address 25 5100 W. Silver Spgs Blvd Suite, Apt. #, etc.		3. Date Incorporated or Qualified 07/26/1995		4. FEI Number 59-3404716		Applied For Not Applicable	
22 City & State 23 Ocala FL		27 City & State 28 Ocala FL		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24 Zip 34474		25 Country Marion		29 Zip 34482		30 Country Marion			

9. Name and Address of Current Registered Agent HALDIN, WILLIAM C JR. 808 S.E. FORT KING STREET OCALA FL 34471				10. Name and Address of New Registered Agent 81 Name Monsieur JAMES P 82 Street Address (P.O. Box Number is Not Acceptable) 5100 W. Silver Spgs Blvd #700 83 84 City Ocala FL 85 Zip Code 34482			
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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 *[Signature]* DATE 4-30-98

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	V	DELETE		1.1 TITLE	a/d	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MOSIEUR, JAMES P			1.2 NAME	Mosieur, JAMES P		
STREET ADDRESS	5100 W. SILVER SPRINGS BLVD., STE. 700			1.3 STREET ADDRESS	5100 W. Silver Spgs Blvd #700		
CITY-ST-ZIP	OCALA FL			1.4 CITY-ST-ZIP	Ocala, FL 34482		
TITLE	P	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MOSIEUR, MICHAEL H			2.2 NAME	ALLCOTT, Henry F.		
STREET ADDRESS	5100 W SILVER SPRINGS BLVD #700			2.3 STREET ADDRESS	5100 W. Silver Spgs Blvd #700		
CITY-ST-ZIP	OCALA FL			2.4 CITY-ST-ZIP	Ocala, FL 34482		
TITLE	ST	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALLCOTT, HENRY F			3.2 NAME			
STREET ADDRESS	5100 W SILVER SPRINGS BLVD #700			3.3 STREET ADDRESS			
CITY-ST-ZIP	OCALA FL			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 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: *[Signature]* DATE 4-30-98 352 873-0222

CR2034 (10/97)