
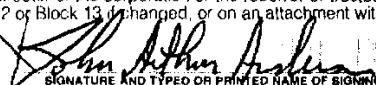


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
Apr 10 1997 8:00am  
Secretary of State

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| PROFIT CORPORATION<br>ANNUAL REPORT<br>1997  |  | <br>FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS   |  |
| DOCUMENT # P95000060937 (6)<br>1. Corporation Name<br>ANDERSON TELECOMM, INC.  |  |   |  |
| Principal Place of Business<br>11726 MLK BLVD.<br>SEFFNER FL 33584<br>US   |  | Mailing Address<br>203 S. PARSONS AVENUE<br>BRANDON FL 33511-5226   |  |
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip Country<br>24  |  | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip Country<br>29  |  |
| 9. Name and Address of Current Registered Agent<br>PIERCE, WEBSTER<br>203 S. PARSONS AVENUE<br>BRANDON FL 33511  |  | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>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<br>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE  |  |   |  |
| 12. OFFICERS AND DIRECTORS<br>TITLE PST<br>NAME ANDERSON, JOHN A<br>STREET ADDRESS 41012 LYNBROOK DRIVE<br>CITY- ST- ZIP ZEPHYRHILLS FL<br>[ ] DELETE  |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12<br>1.1 TITLE [ ] Change [ ] Addition<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY- ST- ZIP<br>2.1 TITLE [ ] Change [ ] Addition<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY- ST- ZIP<br>3.1 TITLE [ ] Change [ ] Addition<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY- ST- ZIP<br>4.1 TITLE [ ] Change [ ] Addition<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY- ST- ZIP<br>5.1 TITLE [ ] Change [ ] Addition<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY- ST- ZIP<br>6.1 TITLE [ ] Change [ ] Addition<br>6.2 NAME<br>6.3 STREET ADDRESS<br>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: <br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |  | JOHN ARTHUR ANDERSON 3/31/97 813 681 2829<br>Date Daytime Phone #   |  |



CR2E034 (9/96)