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Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90248 009 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F98000000215
 1. Corporation Name
ENHANCED COMMUNICATIONS NETWORK, INC.

Principal Place of Business 5140 WEST HURLEY POND ROAD FARMINGDALE NJ 07727	Mailing Address 5140 WEST HURLEY POND ROAD FARMINGDALE NJ 07727
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 37 WINTHROP PLACE	2a. Mailing Address 26 37 WINTHROP PLACE
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State HAZLET, NJ	28 City & State HAZLET, NJ
24 Zip 07730	25 Country USA
29 Zip 07730	30 Country USA

3. Date Incorporated or Qualified 01/13/1998	
4. FEI Number 22-3558165	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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 the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

BLANTON, EDWIN F
825 THOMASVILLE ROAD
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PC	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RICCA, CHRISTOPHER		1.2 NAME	
STREET ADDRESS 5140 WEST HURLEY POND ROAD		1.3 STREET ADDRESS 37 WINTHROP PLACE	
CITY-ST-ZIP FARMINGDALE NJ 07727		1.4 CITY-ST-ZIP HAZLET, NJ 07730	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SCHAEFFER, BRIAN		2.2 NAME	
STREET ADDRESS 5140 WEST HURLEY POND ROAD		2.3 STREET ADDRESS 37 WINTHROP PLACE	
CITY-ST-ZIP FARMINGDALE NJ 07727		2.4 CITY-ST-ZIP HAZLET, NJ 07730	
TITLE T	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NICE, KENTON W		3.2 NAME	
STREET ADDRESS 5140 WEST HURLEY POND ROAD		3.3 STREET ADDRESS	
CITY-ST-ZIP FARMINGDALE NJ 07727		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, with all other like empowered.

SIGNATURE: *Christopher Ricca* **CHRISTOPHER RICCA** 1-21-99 732-544-8844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)