

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # P40332 (9)**

1. Corporation Name

**AMERICAN TEL GROUP, INC.**



Principal Place of Business: **5850 EUBANK N.E. SUITE B16 ALBUQUERQUE NM 87111**  
 Mailing Address: **5850 EUBANK N.E. STE. B-16 ALBUQUERQUE NM 87111 US**

3. Date Incorporated or Qualified: **09/03/1992**  
 3a. Date of Last Report: **03/17/1995**  
 4. FEI Number: **85-0380280**  
 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. 199.03? Florida Statutes:  Yes  No

2. Principal Place of Business: 21  
 Suite, Apt #, etc: 22  
 City & State: 23  
 Zip: 24  
 Country: 25  
 2a. Mailing Address: 26  
 Suite, Apt #, etc: 27  
 City & State: 28  
 Zip: 29  
 Country: 30

**9. Name and Address of Current Registered Agent**

**THE PRENTICE-HALL CORPORATION SYSTEM INC  
 1201 HAYES STREET  
 STE - 105  
 TALLAHASSEE FL 32301**

**10. Name and Address of New Registered Agent**

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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 typed or printed name of new registered agent and title (applicable if 701). Registered Agent signature required when Item 13 is 0.

DATE

**12. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WALKER, DAVID	
STREET ADDRESS	14018 ARCADIA, N.E.	
CITY - ST - ZIP	ALBUQUERQUE NM	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	YOUNGBLOOD, JOHN	
STREET ADDRESS	9004 LONA LANE NE	
CITY - ST - ZIP	ALBUQUERQUE NM	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

11 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS	Albuquerque, NM 87123	
14 CITY - ST - ZIP		
21 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS	Albuquerque, NM 87111	
24 CITY - ST - ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:**

*DAVID WALKER*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*DAVID WALKER*

6/20/96

(805) 294-4444

CR2E034 (3/96)