

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **849436** (1)

1. Corporation Name
FAIRBANKS COMMUNICATIONS, INC.



Principal Place of Business: **1801 BELVEDERE RD STE 202 E. WEST PALM BEACH FL 33406**
Mailing Address: **1801 BELVEDERE RD STE 202 E. WEST PALM BEACH FL 33406**

3. Date Incorporated or Qualified: **06/15/1981**
3a. Date of Last Report: **03/21/1995**
4. FEI Number: **35-1512509**
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

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

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent (81-85)
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: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> DELETE
NAME	SNOWDON, ROGER S	
STREET ADDRESS	1801 BELVEDERE #202 E	
CITY-ST-ZIP	W. PALM BCH. FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BETLEY, LEONARD J	
STREET ADDRESS	9292 N MERIDIAN ST #304	
CITY-ST-ZIP	INDIANPOLIS, IND 0	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	FAIRBANKS, VIRGINIA B	
STREET ADDRESS	1801 BELVEDERE RD #202E	
CITY-ST-ZIP	W. PALM BCH. FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	FAIRBANKS, R M	
STREET ADDRESS	1801 BELVEDERE RD #202E	
CITY-ST-ZIP	W. PALM BCH. FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	FAIRBANKS, RICHARD M	
STREET ADDRESS	1801 BELVEDERE RD #202E	
CITY-ST-ZIP	W. PALM BCH. FL	
TITLE	EVP	<input type="checkbox"/> DELETE
NAME	HILLIARD, JAMES C.	
STREET ADDRESS	1801 BELVEDERE ROAD, #202E	
CITY-ST-ZIP	WEST PALM BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Roger S. Snowdon* 3/20/96 407-838-4370
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Date Phone #

CR2E034 (12/95)