

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

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90025 019 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **849436**

1. Corporation Name
FAIRBANKS COMMUNICATIONS, INC.

Principal Place of Business
**3071 CONTINENTAL DRIVE
 WEST PALM BEACH FL 33407
 US**

Mailing Address
**3071 CONTINENTAL DRIVE
 WEST PALM BEACH FL 33407
 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/15/1981

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business

2a. Mailing Address

21 **3071 Continental Drive**

26 **3071 Continental Drive**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite 103**

27 **Suite 103**

23 **West Palm Beach, FL**

28 **West Palm Beach, FL**

Zip

Zip

24 **33407**

29 **33407**

Country

Country

25 **US**

30 **US**

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 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 607.1508, 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE

1.1 TITLE Change Addition

NAME **V SNOWDON, ROGER S**
 STREET ADDRESS **3071 CONTINENTAL DRIVE**
 CITY-ST-ZIP **W. PALM BCH. FL 33407**

1.2 NAME
 1.3 STREET ADDRESS **3071 Continental Drive, Ste. 103**
 1.4 CITY-ST-ZIP

TITLE DELETE

2.1 TITLE Change Addition

NAME **S BETLEY, LEONARD J**
 STREET ADDRESS **9292 N MERIDIAN ST #304**
 CITY-ST-ZIP **INDIANPOLIS, IND 0**

2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE DELETE

3.1 TITLE Change Addition

NAME **VD FAIRBANKS, VIRGINIA B**
 STREET ADDRESS **3701 CONTINENTAL DRIVE**
 CITY-ST-ZIP **W. PALM BCH. FL 33407**

3.2 NAME
 3.3 STREET ADDRESS **3071 Continental Drive, Ste. 103**
 3.4 CITY-ST-ZIP

TITLE DELETE

4.1 TITLE Change Addition

NAME **PD FAIRBANKS, R M**
 STREET ADDRESS **3071 CONTINENTAL DRIVE**
 CITY-ST-ZIP **W. PALM BCH. FL 33407**

4.2 NAME
 4.3 STREET ADDRESS **3071 Continental Drive, Ste. 103**
 4.4 CITY-ST-ZIP

TITLE DELETE

5.1 TITLE Change Addition

NAME **T FAIRBANKS, RICHARD M**
 STREET ADDRESS **3071 CONTINENTAL DRIVE**
 CITY-ST-ZIP **W. PALM BCH. FL 33407**

5.2 NAME
 5.3 STREET ADDRESS **3071 Continental Drive, Ste. 103**
 5.4 CITY-ST-ZIP

TITLE DELETE

6.1 TITLE Change Addition

NAME **EVP HILLIARD, JAMES C.**
 STREET ADDRESS **3071 CONTINENTAL DRIVE**
 CITY-ST-ZIP **WEST PALM BEACH FL 33407**

6.2 NAME
 6.3 STREET ADDRESS
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Handwritten Signature] **4/5/99 561-844-5330**

CR2E034 (11/98)