

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

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**May 16 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P38630 (0)

1. Corporation Name
POLARNET COMMUNICATIONS CORP.



Principal Place of Business 300 CORPORATE CENTER DRIVE MANALAPAN NJ 33726	Mailing Address 300 CORPORATE CENTER DRIVE MANALAPAN NJ 07726-8700
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3. Date Incorporated or Qualified 05/05/1992	3a. Date of Last Report 08/12/1996
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2. Principal Place of Business 21 5140 W. HURLEY POND ROAD Suite, Apt. #, etc. 22 City & State 23 FARMINGDALE, NJ Zip 24 07727 Country 25 USA	2a. Mailing Address 26 5140 W. HURLEY POND ROAD Suite, Apt. #, etc. 27 City & State 28 FARMINGDALE, NJ Zip 29 07727 Country 30 USA
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4. FEI Number 95-4330672	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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	POLLI, RONALD J	
STREET ADDRESS	24 SOUTH SHORE DRIVE	
CITY-ST-ZIP	TOMS RIVER NJ	
TITLE	CEO	<input checked="" type="checkbox"/> DELETE
NAME	SAVERY, DOUGLAS E	
STREET ADDRESS	300 CORPORATE CENTER DRIVE	
CITY-ST-ZIP	MANALAPAN NJ 33726	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	KNOX, E. W. RICHARD	
STREET ADDRESS	22212 VENTURA BLVD., STE. 230	
CITY-ST-ZIP	WOODLAND HILLS CA	
TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	SAVERY, DOUGLAS E.	
STREET ADDRESS	300 CORPORATE CENTER DR	
CITY-ST-ZIP	MANALAPAN NJ	
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

1.1 TITLE	PRESIDENT/TREASURER/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	KENTON W. NICE	
1.3 STREET ADDRESS	5140 W. HURLEY POND ROAD	
1.4 CITY-ST-ZIP	FARMINGDALE, NEW JERSEY 07727	
2.1 TITLE	VODS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CHRISTOPHER RICCA	
2.3 STREET ADDRESS	5140 W. HURLEY POND ROAD	
2.4 CITY-ST-ZIP	FARMINGDALE, NEW JERSEY 07727	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	GARY KRAUSE	
3.3 STREET ADDRESS	209 E. WILLIAMS, SUITE 630	
3.4 CITY-ST-ZIP	WICHITA, KANSAS 67202	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	AHMAD LAMAH	
4.3 STREET ADDRESS	300 CORPORATE CENTER DRIVE	
4.4 CITY-ST-ZIP	MANALAPAN, NEW JERSEY 07726	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: _____ DATE: **4/11/97** DAYTIME PHONE #: **800-927-6527**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)