

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

FILED
Apr 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morthant Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000042458 (4)**

1. Corporation Name
FAIRFIELD PRODUCTIONS INC.



Principal Place of Business 505 GREEN SPRINGS PLACE WEST PALM BEACH FL 33409 <i>219 B Chilean Avenue Palm Beach, FL 33480</i>	Mailing Address 505 GREEN SPRINGS PLACE WEST PALM BEACH FL 33409 <i>219 B Chilean Avenue Palm Beach, FL 33480</i>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 219 B Chilean Ave Suite, Apt. #, etc.		2a. Mailing Address 219 B Chilean Ave Suite, Apt. #, etc.		3. Date Incorporated or Qualified 05/08/1997
21. City & State Palm Beach FL	26. City & State Palm Beach FL	27. City & State Palm Beach FL	28. City & State Palm Beach FL	4. FEI Number 65-0759764
22. Zip 33480	25. County PB	29. Zip 33480	30. County PB	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 or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**TRAVIS, MERCEDES
505 GREEN SPRINGS PLACE
WEST PALM BEACH FL 33409**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable) <i>219 B Chilean</i>
83. City <i>Palm Beach</i>
84. State FL
85. Zip Code 33480

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 PD	<input type="checkbox"/> DELETE	1.1 TITLE <i>Change</i> <input checked="" type="checkbox"/> <input type="checkbox"/> Addition	
NAME TRAVIS, MERCEDES		1.2 NAME	
STREET ADDRESS 505 GREEN SPRINGS PLACE		1.3 STREET ADDRESS <i>219 B Chilean Ave</i>	
CITY-ST-ZIP WEST PALM BEACH FL 33409		1.4 CITY-ST-ZIP <i>Palm Beach, FL 33480</i>	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE _____ DATE *3/26/98* *671 807 3557*

CR2E034 (10/97)