

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

\*PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

2696 B-794 C

**DOCUMENT # P95000025068 (4)**

1. Corporation Name

**WRISTBAND COMMUNICATIONS, INC.**



Principal Place of Business

**2194 PIONEER TR  
NEW SMYRNA BEACH FL 32168**

Mailing Address

**2194 PIONEER TR  
NEW SMYRNA BEACH FL 32168**

3. Date Incorporated or Qualified

**03/27/1995**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 State Apt. #, etc.

26 State Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

**59-3310121**

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

9. Name and Address of Current Registered Agent

**PHILLIPS, KENNETH R  
2194 PIONEER TR  
NEW SMYRNA BEACH FL 32168**

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 607.0532 and 607.1306, 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 607.0535, Florida Statutes.

SIGNATURE

Signature (Registered Agent or Director) (Print Name)

Date Registered Agent or Director (Print Name)

DATE

12. OFFICERS AND DIRECTORS

11. TITLE	12. NAME	13. STREET ADDRESS	14. CITY-STATE-ZIP	15. TITLE	16. NAME	17. STREET ADDRESS	18. CITY-STATE-ZIP
	<b>D PHILLIPS, KENNETH R</b>	<b>2194 PIONEER TR NEW SMYRNA BEACH FL 32168</b>		<input type="checkbox"/> DELETE			
	<b>D ELLISON, DOUGLAS S</b>	<b>2502 NORDMAN AVE NEW SMYRNA BEACH FL 32170</b>		<input type="checkbox"/> DELETE			
				<input type="checkbox"/> DELETE			
				<input type="checkbox"/> DELETE			
				<input type="checkbox"/> DELETE			
				<input type="checkbox"/> DELETE			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	12. NAME	13. STREET ADDRESS	14. CITY-STATE-ZIP	15. TITLE	16. NAME	17. STREET ADDRESS	18. CITY-STATE-ZIP
	<b>D/P Kenneth R. Phillips</b>	<b>2194 Pioneer Trail New Smyrna Beach, FL 32168</b>		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
	<b>D Ellison, Douglas S.</b>	<b>429 Perdita St. Edgewater, FL 32132</b>		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
	<b>V Martin, Mildred L.</b>	<b>1104 Red Maple Way New Smyrna Beach, FL 32168</b>		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
	<b>S/T Phillips, Wanda S.</b>	<b>2194 Pioneer Trail New Smyrna Beach, FL 32168</b>		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
	<b>D Martin, Donald F.</b>	<b>1104 Red Maple Way New Smyrna Beach, FL 32168</b>		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
	<b>D Coffin, Burl G. III</b>	<b>2051 Highway 44 West DeLand, FL 32720-2910</b>		<input type="checkbox"/> Change <input checked="" 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 its trustee 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:** *Kenneth R. Phillips*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Kenneth R. Phillips, Pres.**

**2/1/96** (904) 427-7395  
DATE OF FILING DATE OF PHONE CALL

CR2E034 (12/95)


Profit Corporation Annual Report for 1996

Document # P95000025068 (4)

WRISTBAND COMMUNICATIONS, INC.  
2194 Pioneer Trail  
New Smyrna Beach, FL 32168

Paragraph 13 - continued:

7.1 Title	D	X-Addition
7.2 Name	Van Doren, Michael K.	
7.3 Street Address	4714 Van Kleeck Drive	
7.4 City-St-Zip	New Smyrna Beach, FL 32169	

  
Kenneth R. Phillips, Pres.

2/1/96