

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

FILED

May 13 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



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

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 32168-1923

3. Date Incorporated or Qualified: 03/27/1995  
3a. Date of Last Report: 02/06/1996  
4. FEI Number: 59-3310121  
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 Subst. Apt. #, etc.  
22 City & State  
23 Zip Country  
24 25 29 30

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 607.0502 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: D	<input type="checkbox"/> DELETE
NAME: PHILLIPS, KENNETH R	
STREET ADDRESS: 2194 PIONEER TR	
CITY- ST- ZIP: NEW SMYRNA BEACH FL 32168	
TITLE: D	<input checked="" type="checkbox"/> DELETE
NAME: ELLISON, DOUGLAS S	
STREET ADDRESS: 429 PERDIRTA ST	
CITY- ST- ZIP: EDGEWATER FL	
TITLE: DP	<input type="checkbox"/> DELETE
NAME: PHILLIPS, KENNETH R	
STREET ADDRESS: 2194 PIONEER TRAIL	
CITY- ST- ZIP: NEW SMYRNA BEACH FL	
TITLE: V	<input type="checkbox"/> DELETE
NAME: MARTIN, MILDRED L	
STREET ADDRESS: 1104 RED MAPLE WAY	
CITY- ST- ZIP: NEW SMYRNA BEACH FL	
TITLE: ST	<input type="checkbox"/> DELETE
NAME: PHILLIPS, WANDA S	
STREET ADDRESS: 2194 PIONEER TRAIL	
CITY- ST- ZIP: NEW SMYRNA BEACH FL	
TITLE: D	<input type="checkbox"/> DELETE
NAME: MARTIN, DOANLD F	
STREET ADDRESS: 1104 RED MAPLE WAY	
CITY- ST- ZIP: NEW SMYRNA BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE: D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME: Coffin, Burl G. III	
1.3 STREET ADDRESS: 2051 Highway 44 West	
1.4 CITY- ST- ZIP: Deland, FL 32720-2910	
2.1 TITLE: D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME: Cuthbert, William F.	
2.3 STREET ADDRESS: 3536 Omni Circle	
2.4 CITY- ST- ZIP: Edgewater, FL 32141	
3.1 TITLE: D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME: Monhollon, Larry E.	
3.3 STREET ADDRESS: 726 Neal Street	
3.4 CITY- ST- ZIP: New Smyrna Beach, FL 32168	
4.1 TITLE: DELETED	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME: Michael K. Van Doren	
4.3 STREET ADDRESS: 4714 Van Kleeck Drive	
4.4 CITY- ST- ZIP: New Smyrna Beach, FL 32169	
5.1 TITLE: DELETED	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME: DELETED	
5.3 STREET ADDRESS: DELETED	
5.4 CITY- ST- ZIP: DELETED	
6.1 TITLE: DELETED	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME: DELETED	
6.3 STREET ADDRESS: DELETED	
6.4 CITY- ST- ZIP: DELETED	

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: *Kenneth R Phillips* 5/6/97 (904) 427-7395  
DATE: \_\_\_\_\_ DAYTIME PHONE: \_\_\_\_\_

CR2E034 (9/96)