

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000050464 (2)

1. Corporation Name:
BAND SLAM, INC.

FILED
 97 JUL -2 PM 12:39

SECRETARY OF STATE
 TALLAHASSEE, FL

Principal Place of Business: **595 N NOVA RD SUITE 110 ORMOND BEACH FL 32174**
 Mailing Address: **P O BOX 9184 DAYTONA BEACH FL 32120-9184**

3. Date Incorporated or Qualified: **06/10/1996** 3a. Date of Last Annual Report: _____

4. FEI Number: **59-3394216**

2. Principal Place of Business: **21** Suite, Apt. #, etc. _____
 2a. Mailing Address: **26** Suite, Apt. #, etc. _____

5. Certificate of Status Desired: **\$8.75** Fee

23. City & State: _____
 27. City & State: _____

6. Election Campaign Financing: **\$5.00** Addl. Trust Fund Contribution:

24. Zip: _____ 25. Country: _____
 29. Zip: _____ 30. Country: _____

8. This corporation has liability for intangible tax under Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROGERS, RICHARD
595 N NOVA RD
SUITE 110
ORMOND BEACH FL 32174

81 Name: _____
 82 Street Address (P.O. Box Number is Not Acceptable): _____
 83 _____
 84 City: _____ **FL** 85 _____

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 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature: Typed or printed name of person signing and title, if applicable.

Signature: Signature of person signing and title, if applicable.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	ROGERS, RICHARD	
STREET ADDRESS	595 N NOVA RD SUITE 110	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RECASCINO, ANTHONY	
STREET ADDRESS	1216 EDNA DR	
CITY-ST-ZIP	PT ORANGE FL 32119	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11 TITLE	<input type="checkbox"/> Change
12 NAME	
13 STREET ADDRESS	000002233670--5
14 CITY-ST-ZIP	-07/09/97--01046--013
15 TITLE	****165.00 --****165.00 <input type="checkbox"/> Change
21 NAME	
24 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 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)(ii), 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 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 this report appears in Block 12 or Block 13 or on an attachment with an address:

SIGNATURE: *Richard W. Rogers*

June 5 1997