
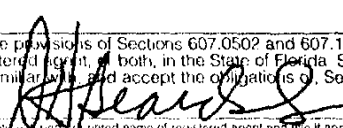
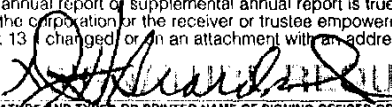


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 08 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 # K39227 (9) 1. Corporation Name: GRO-BAND SYSTEMS, INC.			
Principal Place of Business 5955 S FLORIDA AVE. LAKELAND FL 33813-2533 US		Mailing Address 5955 S FLORIDA AVE. LAKELAND FL 33813-2533 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified 10/17/1988		3a. Date of Last Report 04/12/1996	
4. FEI Number 59-2914305		Applied For 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 type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent KOEGLER, STEVEN C. 4655 SALISBURY ROAD SUITE 390 JACKSONVILLE FL 32256		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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, 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 of the person named in Block 12, and if applicable, the signature of the registered agent (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P NAME: BEARDSLEY, JOSEPH H. STREET ADDRESS: 6738 FARRIS DR CITY-ST-ZIP: LAKELAND FL 33811		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE: VP NAME: STEPHENS, VERNON STREET ADDRESS: 223 W ELMCHURCH ST apt 7 CITY-ST-ZIP: BARTON, FL 33830		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE: VP NAME: THOMPSON, BRADLEY STREET ADDRESS: 3037 HEATHER GUNN DR CITY-ST-ZIP: MULBERRY, FL 33860		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE: VP NAME: DONNIE JACKSON STREET ADDRESS: 426 MIRIAM CITY-ST-ZIP: LKLD. FL 33813		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE: SECRETARY NAME: BEARDSLEY, ELLIEN G. STREET ADDRESS: 6738 FARRIS DR. CITY-ST-ZIP: LAKELAND, FL 33811		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:		6.1 TITLE 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, changed, or on an attachment with an address.			
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 4/1/97 Daytime Phone #: (941) 444-2447	

CR2E034 (9/96)