

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 13 1997 8:00am
Secretary of State

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 32168-1823**

3. Date Incorporated or Qualified

03/27/1995

3a. Date of Last Report

02/06/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

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 607.0502 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

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	428 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	DELETE: D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Michael K. Van Doren	
5.3 STREET ADDRESS	4714 Van Kleeck Drive	
5.4 CITY-ST-ZIP	New Smyrna Beach, FL 32169	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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

5/6/97

(904) 427-7395

Date

Daytime Phone

CR2E034 (9/96)