

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

FILED
Mar 20 1996 8:00 am
Secretary of State

DOCUMENT # **K95198** (3)

1. Corporation Name
THE ALLMAN BROTHERS BAND, INC.



Principal Place of Business Mailing Address
% CITRIN COOPERMAN & COMPANY
529 FIFTH AVE.
NEW YORK NY 10017-4667

2. Principal Place of Business	2a. Mailing Address
21 State, Apt. #, etc.	26 State, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 06/14/1989	3a. Date of Last Report 02/03/1995
4. FEI Number 59-2950856	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 checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
TRUCKS, CLAUDE HUDSON
164 COMMODORE DR.
JUPITER FL 33477

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 **FL**

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 607.0502, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		
TITLE	D	<input type="checkbox"/> DELETE
NAME	BETTS, RICHARD	
STREET ADDRESS	210 FORREST LANE	
CITY-ST-ZIP	PARRISH FL 34219	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TRUCKS, CLAUDE H JR.	
STREET ADDRESS	164 COMMODORE DR.	
CITY-ST-ZIP	JUPITER FL 33477	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ALLMAN, GREGORY L	
STREET ADDRESS	650 CALIFORNIA ST.	
CITY-ST-ZIP	SAN FRANCISCO CA 94108	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JAIMOE	
STREET ADDRESS	7 PENT ROAD	
CITY-ST-ZIP	BLOOMFIELD CT	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1. TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	Betts, Richard	
13. STREET ADDRESS	c/o Harrison & Alderman	
14. CITY-ST-ZIP	5125 Manatee Avenue west	
1. TITLE	Dradenton, FL 34209	
2. TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	Trucks, Claude H. JR.	
23. STREET ADDRESS	c/o Ken Gordon	
24. CITY-ST-ZIP	2400 PGA Blvd, suite #4	
3. TITLE	Palm Beach Gardens, FL 33410	
3. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	Allman, Gregory L.	
33. STREET ADDRESS	c/o Hemming Morse	
34. CITY-ST-ZIP	650 California Street	
4. TITLE	San Francisco, CA 94108	
4. TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	Jaimoe	
43. STREET ADDRESS	c/o Courtney Fink & Farbes	
44. CITY-ST-ZIP	533 Cottage Grove Rd.	
5. TITLE	Bloomfield, CT 06002	
5. TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME		
53. STREET ADDRESS		
54. CITY-ST-ZIP		
6. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME		
63. STREET ADDRESS		
64. CITY-ST-ZIP		

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 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 13 if changed, or in an attachment with my address.

SIGNATURE: *Claude H. Trucks* 3/11/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)