

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

FILED

**Mar 21 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 # K95198 (3)

1. Corporation Name
THE ALLMAN BROTHERS BAND, INC.



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

Mailing Address
**% CITRIN COOPERMAN & COMPANY
529 FIFTH AVE.
NEW YORK NY 10017-4806**

3. Date Incorporated or Qualified 06/14/1989	3a. Date of Last Report 03/20/1996
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	

21. Principal Place of Business State, Apt. #, etc.	22. Mailing Address Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. 10017	29. 10017

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

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

11. Pursuant to the provisions of Sections 607.0802 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE	NAME	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
D	BETTS, RICHARD	1.2 NAME	
	C/O HARRISON & ALDERMAN 5125 MANATEE AVE W	1.3 STREET ADDRESS	BRADENTON, FL 34209
	BRANDENTON FL	1.4 CITY - ST - ZIP	
TITLE <input type="checkbox"/> DELETE	NAME	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
D	TRUCKS, CLAUDE H JR.	2.2 NAME	
	C/O KEN GORDON 2400 PGA BLVD SUITE 4	2.3 STREET ADDRESS	PALM BEACH GARDENS, FL 33410
	PALM BEACH GARDENS FL	2.4 CITY - ST - ZIP	
TITLE <input type="checkbox"/> DELETE	NAME	3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
D	ALLMAN, GREGORY L	3.2 NAME	
	C/O COURTNEY FINK & FORBES 533 COTTAGE GRO	3.3 STREET ADDRESS	BLOOMFIELD, CT 94108
	BLOOMFIELD CT	3.4 CITY - ST - ZIP	
TITLE <input type="checkbox"/> DELETE	NAME	4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
D	JAIMOE	4.2 NAME	
	7 PENT ROAD	4.3 STREET ADDRESS	BLOOMFIELD, CT 06002
	BLOOMFIELD CT	4.4 CITY - ST - ZIP	
TITLE <input type="checkbox"/> DELETE	NAME	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY - ST - ZIP	
TITLE <input type="checkbox"/> DELETE	NAME	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 included 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-97 561-745-1955

CR2E034 (9/96)