

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

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90147 020 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # K95198

1. Corporation Name
THE ALLMAN BROTHERS BAND, INC.



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

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 06/14/1989	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-2950856	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input 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 **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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	BETTS, RICHARD
STREET ADDRESS	C/O HARRISON & ALDERMAN 5125 MANATEE AVE W
CITY-ST-ZIP	BRANDENTON FL
TITLE	D <input type="checkbox"/> DELETE
NAME	TRUCKS, CLAUDE H JR.
STREET ADDRESS	C/O KEN GORDON 2400 PGA BLVD SUITE 4
CITY-ST-ZIP	PALM BEACH GARDENS FL
TITLE	D <input type="checkbox"/> DELETE
NAME	ALLMAN, GREGORY L
STREET ADDRESS	C/O COURTNEY FINK & FORBES 533 COTTAGE GRO
CITY-ST-ZIP	BLOOMFIELD CT
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	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME	ALLMAN, GREGORY L
3.3 STREET ADDRESS	C/O JAY ROSENTHAL 418 FOSS STREET
3.4 CITY-ST-ZIP	HEALDSBURG, CA
4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME	JAIMOE
4.3 STREET ADDRESS	C/O COURTNEY FINK & FORBES
4.4 CITY-ST-ZIP	533 COTTAGE GROVE RD, BLOOMFIELD, CT
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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, with all other like empowered.

SIGNATURE: _____ DATE: 3/9/99 DAYTIME PHONE #: 561-745-1955

CR2E034 (11/98)