

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 737773 (2)
1. Corporation Name
BAND BOOSTERS INCORPORATED



Principal Place of Business Mailing Address
P.O. BOX 571 P.O. BOX 571
P.O. BOX 571 P.O. BOX 571
BOCA RATON FL 33429 BOCA RATON FL 33429

3. Date Incorporated or Qualified **01/10/1977** 3a. Date of Last Report **05/01/1995**
4. FEI Number **NOT APPLICABLE** 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

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

9. Name and Address of Current Registered Agent
CHAPMAN, STEPHEN
3853 NW 3RD AVE
BOCA RATON FL 33431
10. Name and Address of New Registered Agent
81 Name **ROSE GRAHAM**
82 Street Address (P.O. Box Number is Not Acceptable) **7516 Andorra Place**
83
84 City **Boca Raton** FL 85 Zip Code **33433**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Rose Graham* *Rose Graham* **4/24/96**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHAPMAN, STEPHEN	1.2 NAME	Rose Graham
STREET ADDRESS	3853 NW 3 AVE	1.3 STREET ADDRESS	7516 Andorra Pl
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	Boca Raton, FL 33433
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BALME, MICHAEL	2.2 NAME	Beth Bloch
STREET ADDRESS	556 NW 16TH COURT	2.3 STREET ADDRESS	6268 Via Palladium
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	Boca Raton, FL 33433
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUSSELL, STEVEN	3.2 NAME	Regina Corwin
STREET ADDRESS	799 HAVANA DR	3.3 STREET ADDRESS	11498 SW 2nd St
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	Boca Raton, FL 33486
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Regina Corwin* *Regina Corwin* **4/24/96** **407-392-0845**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)