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May 29 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 737773 (2)
1. Corporation Name
BAND BOOSTERS INCORPORATED



Principal Place of Business P.O. BOX 571 P.O. BOX 571 BOCA RATON FL 33429	Mailing Address P.O. BOX 571 P.O. BOX 571 BOCA RATON FL 33429-0571
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3. Date Incorporated or Qualified 01/10/1977	3a. Date of Last Report 04/30/1996
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2. Principal Place of Business 21 P.O. Box 273853 Suite, Apt. #, etc. 22 City & State 23 BOCA RATON, FL Zip 24 33429 Country 25 USA	2a. Mailing Address 26 P.O. Box 273853 Suite, Apt. #, etc. 27 City & State 28 BOCA RATON, FL Zip 29 33429 Country 30 USA
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4. FEI Number NOT APPLICABLE	Applied For <input checked="" type="checkbox"/> 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 type="checkbox"/> No	

9. Name and Address of Current Registered Agent
GRAHAM, ROSE
7516 ANDORRA PLACE
BOCA RATON FL 33433

10. Name and Address of New Registered Agent
81 Name **VOLLING, BRUCE**
82 Street Address (P.O. Box Number is Not Acceptable)
1073 W. Royal Palm Rd.
83
84 City **Boca Raton** FL 85 Zip Code **33486**

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 **BRUCE VOLLING** *Bruce A. Volling* DATE **4/30/97**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GRAHAM, ROSE	
STREET ADDRESS	7516 ANDORRA PANDORA	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BLOCK, BETH	
STREET ADDRESS	6268 VIA PALLADIUM	
CITY-ST-ZIP	COCA RATON FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CORWIN, REGINA	
STREET ADDRESS	1498 SW 723 ST	
CITY-ST-ZIP	BOCA RATON FL	
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	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	VOLLING, BRUCE	
1.3 STREET ADDRESS	1073 W. Royal Palm Rd	
1.4 CITY-ST-ZIP	BOCA RATON, FL 33486	
2.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CAMPBELL, ROX	
2.3 STREET ADDRESS	556 NW 15TH CT	
2.4 CITY-ST-ZIP	BOCA RATON, FL 33486	
3.1 TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	FRENCH, SHERRY	
3.3 STREET ADDRESS	712 NW 7TH DRIVE	
3.4 CITY-ST-ZIP	BOCA RATON, FL 33486	
4.1 TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	RICCI, DEBI	
4.3 STREET ADDRESS	1220 NW 13 ST, #210	
4.4 CITY-ST-ZIP	BOCA RATON, FL 33486	
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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **BRUCE VOLLING** *Bruce A. Volling* DATE **4/30/97** (501) 308-2285

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0041916

CR2E037 (9/96)