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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
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	

2. Principal Place of Business 21 P.O. Box 273853 Suite, Apt. #, etc.	2a. Mailing Address 26 P.O. Box 273853 Suite, Apt. #, etc.
22 City & State 23 BOCA RATON, FL	27 City & State 28 BOCA RATON, FL
24 Zip 33429 25 Country USA	29 Zip 33429 30 Country USA

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 85 Zip Code FL 33486
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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** (Signature, typed or printed name of registered agent and title if applicable) **4/30/97** (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	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAHAM, ROSE	1.2 NAME	VOLLING, BRUCE
STREET ADDRESS	7516 ANDORRA PANDORA	1.3 STREET ADDRESS	1073 W. Royal Palm Rd
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	BOCA RATON, FL 33486
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLOCK, BETH	2.2 NAME	CAMPBELL, ROX
STREET ADDRESS	6268 VIA PALLADIUM	2.3 STREET ADDRESS	556 NW 15th Ct
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	BOCA RATON, FL 33486
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORWIN, REGINA	3.2 NAME	FRENCH, SHERRY
STREET ADDRESS	1498 SW 723 ST	3.3 STREET ADDRESS	712 NW 7th DRIVE
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	BOCA RATON, FL 33486
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	RICCI, DEBI
STREET ADDRESS		4.3 STREET ADDRESS	1220 NW 13 ST, #210
CITY-ST-ZIP		4.4 CITY-ST-ZIP	BOCA RATON, FL 33486
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 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** (Signature and typed or printed name of signing officer or director) **4/30/97** (Date) **(561) 368-2285** (Daytime Phone # 0041916)

CR2E037 (9/96)