


**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997**  
**AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).**

**FILED**

**Sep 12 1997 8:00am**  
**Secretary of State**

<b>NONPROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N46092 (5)**

1. Corporation Name  
**PHS BAND BOOSTERS, INC.**

Principal Place of Business P.O. BOX 15794 PLANTATION FL 33318	Mailing Address P.O. BOX 15794 PLANTATION FL 33318
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified <b>11/18/1991</b>	3a. Date of Last Report <b>06/22/1996</b>
4. FEI Number <b>65-0300222</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**SIMPKESS, JAMES F**  
**62 WIMBLETON LAKE DR**  
**PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name <b>RANDY POOLE</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>7401 NW 10 PL</b>
83
84 City <b>PLANTATION</b>
85 Zip Code <b>FL 33313</b>

11. Pursuant to the provisions of Sections 617.0507 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 *Randy Poole* **RANDY POOLE, PRES** **9-4-97**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE <b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>SIMPKESS, JAMES</b>	
STREET ADDRESS <b>62 WILMINGTON LAKE DR</b>	
CITY-ST-ZIP <b>PLANTATION FL</b>	
TITLE <b>VP</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>POOLE, RANDY</b>	
STREET ADDRESS <b>7401 N.W. 10 PL</b>	
CITY-ST-ZIP <b>PLANTATION FL 33313</b>	
TITLE <b>S</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>CHAPMAN, ALACE</b>	
STREET ADDRESS <b>6941 N.W. 7 ST</b>	
CITY-ST-ZIP <b>PLANTATION FL 33313</b>	
TITLE <b>T</b>	<input type="checkbox"/> DELETE
NAME <b>PRUETT, SHARON</b>	
STREET ADDRESS <b>6815 N.W. 14 CT</b>	
CITY-ST-ZIP <b>PLANTATION FL 33313</b>	
TITLE <b>DR</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>PADILLA, A</b>	
STREET ADDRESS <b>6941 NW 12TH CT</b>	
CITY-ST-ZIP <b>PLANTATION FL</b>	
TITLE <b>DR</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>SIMPKESS, JOYCE</b>	
STREET ADDRESS <b>62 WILMINGTON LAKE DR</b>	
CITY-ST-ZIP <b>PLANTATION FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>RANDY POOLE</b>	
1.3 STREET ADDRESS <b>7401 NW 10 PL</b>	
1.4 CITY-ST-ZIP <b>PLANTATION FL 33313</b>	
2.1 TITLE <b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME <b>RICK GLADE</b>	
2.3 STREET ADDRESS <b>7420 NW 13 ST</b>	
2.4 CITY-ST-ZIP <b>PLANTATION FL 33313</b>	
3.1 TITLE <b>S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME <b>BETTY FLETCHER</b>	
3.3 STREET ADDRESS <b>641 NW 73 TER</b>	
3.4 CITY-ST-ZIP <b>PLANTATION FL 33317</b>	
4.1 TITLE <b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME <b>MINA SIMONE</b>	
4.3 STREET ADDRESS <b>669 NW 133 WAY</b>	
4.4 CITY-ST-ZIP <b>PLANTATION FL 33325</b>	
5.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME <b>MARGARET CHUCKAREE</b>	
5.3 STREET ADDRESS <b>7401 N W 16 ST APT 210</b>	
5.4 CITY-ST-ZIP <b>PLANTATION FL 33313</b>	
6.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME <b>CANDI SMILEY</b>	
6.3 STREET ADDRESS <b>6136 ROSE TER</b>	
6.4 CITY-ST-ZIP <b>PLANTATION FL 33317</b>	

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 *Randy Poole* **RANDY POOLE, PRES** **9-4-97** **201-291-1288**

CR2E037 (4/97)