

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G64542 (5)**

Corporation Name
BAMBI SALES AND MANAGEMENT CORPORATION



Principal Place of Business: 1154 PINEAPPLE WAY, C/O EDNA PHILLIPS, KISSIMMEE FL 34741 US
Mailing Address: 1160 PINEAPPLE WAY, C/O EDNA PHILLIPS, KISSIMMEE FL 34741 US

3. Date Incorporated or Qualified: 10/04/1983
3a. Date of Last Report: 07/31/1995
4. FEI Number: 59-2424638
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: 21 1160 Pineapple Way, Suite, Apt. #, etc.:
22 City & State: Kissimmee FL
23 Zip: 34741 Country: US
2a. Mailing Address: 26 P.O. Box 420441, Suite, Apt. #, etc.:
27 City & State: Kissimmee FL
28 Zip: 34742-441 Country: US
29 30

9. Name and Address of Current Registered Agent: PHILLIPS, EDNA, 1160 PINEAPPLE WAY, KISSIMMEE FL 34741
10. Name and Address of New Registered Agent: B1 Name, B2 Street Address (P.O. Box Number is Not Acceptable), B3, B4 City, B5 Zip Code: FL

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: Edna Phillips P/S/T Edna Phillips 4/28/96
Signature, typed or printed name of registered agent on this form (last full name) (Typed Name of Agent Signature on this form) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST PHILLIPS, EDNA 1160 PINEAPPLE WAY KISSIMMEE FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	ST SINZ, MADELINE T. 1154 PINEAPPLE WAY KISSIMMEE FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VP EDNA PHILLIPS 1160 PINEAPPLE WAY KISSIMMEE FL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	AST PHILLIPS, EDNA 1160 PINEAPPLE WAY KISSIMMEE FL	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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an Attachment with an address.

SIGNATURE: Edna Phillips P/S/T 4/28/96 (407) 648-7268
Signature and typed or printed name of signing officer or director Date

CR2E034 (12/95)