

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

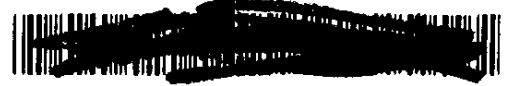
FILED
May 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # G64542 (5)
1, Corporation Name
BAMBI SALES AND MANAGEMENT CORPORATION



Principal Place of Business: 1160 Pineapple Way, Kissimmee FL 34741
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: 1997
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: 1160 Pineapple Way, Kissimmee FL 34741
2a. Mailing Address: P.O. Box 2345, Kissimmee FL 34745
23. City & State: Kissimmee FL
24. Zip: 34741
25. Country: US
26. Suite, Apt. #, etc.:
27. City & State:
28. City & State: Kissimmee FL
29. Zip: 34745-2345
30. Country: US

9. Name and Address of Current Registered Agent:
PHILLIPS, EDNA
1160 PINEAPPLE WAY
KISSIMMEE FL 34741

10. Name and Address of New Registered Agent:
81 Name:
82 Street Address (P.O. Box Number is Not Acceptable):
83:
84 City: FL 85 Zip Code:

11. Pursuant to the provisions of Sections 607.0502 and 607.0503, 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 the provisions of Section 607.0503, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PST	<input type="checkbox"/> DELETE
NAME	PHILLIPS, EDNA	
STREET ADDRESS	1160 PINEAPPLE WAY	
CITY - ST - ZIP	KISSIMMEE FL	
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	VP	<input type="checkbox"/> DELETE
NAME	EDNA PHILLIPS	
STREET ADDRESS	1160 PINEAPPLE WAY	
CITY - ST - ZIP	KISSIMMEE FL	
TITLE	AST	<input type="checkbox"/> DELETE
NAME	PHILLIPS, EDNA	
STREET ADDRESS	1160 PINEAPPLE WAY	
CITY - ST - ZIP	KISSIMMEE 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
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	

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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 PISIT 4/30/98 (407)-648-7268