

~~FILE NOW: FILING FEE AFTER MAY 1ST IS \$300.00~~

AMENDED PROFIT CORPORATION ANNUAL REPORT 1999 \$61.25



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
99 JUL 16 AM 9:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # K05422  
1. Corporation Name  
Bambidon, Inc.

Principal Place of Business Mailing Address  
1515 CLEVELAND ST  
HOLLYWOOD FLA 33020-3281

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
DEC-07 1987

4. FEI Number  
65-0027298

Applied For  
 Yes  Not Applicable

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 owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent  
BARBARA MILLER  
1515 CLEVELAND ST  
HOLLYWOOD FL. 33020

10. Name and Address of New Registered Agent

81 Name SAME

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 607.1508, 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 *Barbara Miller* BARBARA MILLER - S DATE 7-13-99

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

12. OFFICERS AND DIRECTORS

|                |                                 |
|----------------|---------------------------------|
| TITLE          | <input type="checkbox"/> DELETE |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |
| TITLE          | <input type="checkbox"/> DELETE |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |
| TITLE          | <input type="checkbox"/> DELETE |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |
| 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  Change  Addition  
PRES.

1.2 NAME DONA M. COZZI

1.3 STREET ADDRESS 1515 CLEVELAND ST

1.4 CITY-ST-ZIP HOLLYWOOD FL 33020

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS 400002934284--3

4.4 CITY-ST-ZIP -07/19/99--01001--012

5.1 TITLE  Change  Addition

5.2 NAME \*\*\*\*\*61.25 \*\*\*\*\*61.25

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP MS 7-19-99

6.1 TITLE  Change  Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Dona M. Cozzi* DONA M. COZZI DATE 7-14-99 954920-5998

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/1998)