

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 # **K94851 (8)**

1. Corporation Name
SANDRA L. BUNN DESIGNS, INC.



Principal Place of Business: **BUNN, SANDRA L. 120 WOODLANDS ROAD PALM SPRINGS FL 33461 US**
Mailing Address: **BUNN, SANDRA L. 120 WOODLANDS ROAD PALM SPRINGS FL 33461 US**

3. Date Incorporated or Qualified: **06/12/1989**
3a. Date of Last Report: **06/09/1995**

2. Principal Place of Business: **4104 OLD OAK DRIVE**
2a. Mailing Address: **4104 OLD OAK DRIVE**
21. Suite, Apt. #, etc.:
22. City & State: **PALM BEACH GARDENS, FL.**
23. City & State: **PALM BEACH GARDENS, FL.**
24. Zip: **33410** 25. Country: **USA**
26. Suite, Apt. #, etc.:
27. City & State:
28. City & State:
29. Zip: **33410** 30. Country: **USA**

4. FEI Number: **65-0179490**
Applied For: 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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**REX, ROBERT H.
980 N. FEDERAL HIGHWAY
SUITE 410
BOCA RATON FL 33432**

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 607.0506, Florida Statutes.

SIGNATURE: *Sandra L Bunn* **May 1, 1994**
Signature typed or printed name of registered agent: **Sandra L Bunn** Date: Registered Agent Signature required until 11/01/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D PRESIDENT <input type="checkbox"/> DELETE	1.1 TITLE
NAME	BUNN, SANDRA L.	1.2 NAME
STREET ADDRESS	120 WOODLANDS ROAD 4104 OLD OAK DR	1.3 STREET ADDRESS
CITY-ST-ZIP	PALM SPRINGS-FL PALM BCH GARDENS, FL 33410	1.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE
NAME		2.2 NAME
STREET ADDRESS		2.3 STREET ADDRESS
CITY-ST-ZIP		2.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE
NAME		3.2 NAME
STREET ADDRESS		3.3 STREET ADDRESS
CITY-ST-ZIP		3.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE
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
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
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

1.1 TITLE: **VICE PRESIDENT** Change Addition
1.2 NAME: **AARON JOHN BUNN**
1.3 STREET ADDRESS: **815 W. Boynton Beach Blvd. 9-104**
1.4 CITY-ST-ZIP: **Boynton Beach, FL. 33426**
2.1 TITLE: **SECRETARY/TREASURE** Change Addition
2.2 NAME: **COURTNEY BUNN**
2.3 STREET ADDRESS: **12740 KAZEE RD.**
2.4 CITY-ST-ZIP: **LOXAHATCHEE, FL. 33470**
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:
4.4 CITY-ST-ZIP:
5.1 TITLE: Change Addition
5.2 NAME:
5.3 STREET ADDRESS:
5.4 CITY-ST-ZIP:
6.1 TITLE: Change Addition
6.2 NAME:
6.3 STREET ADDRESS:
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)(b), 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: *Sandra L Bunn*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 1 1994
407-627-8151

CR2E034 (12/95)