

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P93000081601 (5)

1. Corporation Name
SAMBA ENTERPRISES, INC.



Principal Place of Business: 2861 KIRBY AVE., NE UNIT 7 BOX 11 PALM BAY FL 32905 US
Mailing Address: 2861 KIRBY AVENUE, NE UNIT 7, BOX 11 PALM BAY FL 32905 US

3. Date Incorporated or Qualified: 11/22/1993
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business: 21 2885 Electronics Dr. Suite, Apt. #, etc. 22 B1 City & State: 23 Melbourne, FL Zip: 24 32935 Country: 25 USA
2a. Mailing Address: 26 2885 Electronics Dr. Suite, Apt. #, etc. 27 B1 City & State: 28 Melbourne, FL Zip: 29 32935 Country: 30 USA

4. FEI Number: 59-3212884 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. 199.03? Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
BOYD, JOEL E
100 RIALTO PLACE
SUITE 510
MELBOURNE FL 32902

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

12. OFFICERS AND DIRECTORS

TITLE	PV	<input type="checkbox"/> DELETE
NAME	MUSCHETT, WILLIAM G	
STREET ADDRESS	3320 FT. SUMTER ST.	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	TS	<input type="checkbox"/> DELETE
NAME	MUSCHETT, ALISON J	
STREET ADDRESS	3320 FT. SUMTER ST.	
CITY-ST-ZIP	MELBOURNE FL	
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	<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	

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: *Alison J. Muschett* ALISON J. MUSCHETT 5/28/96 (407) 757-9015
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day, Month, Year

CR2E034 (12/95)