## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # G04899

TUNE TOWN LEESBURG, INC.

## **FILED** Feb 19, 1999 8:00am **Secretary of State**

02-19-1999 90049 005 \*\*\*150.00



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Principal Place of Business Mailing Address									
10401-208 HWY 441 S. LEESBURG FL 34788 US		10401-208 HWY 441 S. LEESBURG FL 34788 US				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed  10/13/1982			
2 Deigning Die	ace of Business	2a. Mailing Address				4. FEI Number		Applied For	
	ace of Business	26				59-2228306		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional	
<del></del>		27				5. Certificate of Status Desired	Fee	Required	
City & State		City & State				6. Election Campaign Financing \$5.00 May Be			
<del>-</del> 7 '		28				Trust Fund Contribution		d to Fees	
Zip Country		Zip Country				8. This corporation owes the current year Intangible			
24	25	29	30			Personal Property Tax.	Yes	□No	
	9. Name and Address of Curre	nt Registered Agent		Е,		10. Name and Address of New Register	ed Agent		
				81	11 Name				
	wartz, david			82	Street Add	Address (P.O. Box Number is Not Acceptable)			
1040	1-208 HWY 441 S								
LEES	BURG FL 32788			83	i			-	
				84	City		85 Z	ip Code	
						ti automits this statement for the purpose	of changing	its registered	
	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig					ion's board of directors. I hereby accept the ap	pointment as	registered	
SIGNATURE	Signature, typed or printed name of registered ag-	ent and title if applicable. (NOTE:	Registered	Agen	nt signature require	red when reinstating) DATE			
12.	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS			
TITLE	Р	☐ DELETE	1.1 TI	TLE			☐ Chan	ge	
NAME	SCHWARTZ, DAVID L.		1.2 N	4ME					
STREET ADDRESS	05348 ROYAL OAK DR.		1.3 \$1	TREET	TADDRESS				
CITY-ST-ZIP	FRUITLAND PARK FL		1.4 Ci	TY-S	T-ZIP		Chan	ge Addition	
TITLE		☐ DELETE	2.1 TI	TLE	Ì		Chan	ge [] Addition	
NAME			2.2 N	AME				+	
STREET ADDRESS			2.3 S	TREE	TADDRESS	_			
CITY-ST-ZIP			_	_	ST-ZIP		☐ Chan	ge	
TITLE		☐ DELETE	3.1 T	TLE				ao 🗆 110011011'	
NAME			3.2 N						
STREET ADDRESS					T ADDRESS				
CITY-ST-ZIP	·				ST-ZIP		☐ Chan	ge Addition	
TITLE		☐ DELETE	4.1 T						
NAME				AME					
STREET ADDRESS			1		TADDRESS				
CITY-ST-ZIP					ST-ZIP		Char	ige Addition	
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CITY-ST-ZIP		D DELETE	5.4 C		ST-ZIP		Char	nge Addition	
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NAME					ET ADDRESS				
STREET ADDRESS			h		ST-ZIP				
ı	1		/ <b>■</b> 07-1	JILY-S	31-415				

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 hat 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 his report as received 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: