

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H51199 (8)
1. Corporation Name
LUANDO, INC.



Principal Place of Business Mailing Address
MISTER DONUT
2080 PALM BAY ROAD N.E.
PALM BAY FL 32905
US
CARLUCCI, LINDA
P O BOX 060370
PALM BAY FL 32906
US

3. Date Incorporated or Qualified 04/04/1985
3a. Date of Last Report 03/06/1995
4. FEI Number 59-2589534
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

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

9. Name and Address of Current Registered Agent

CARLUCCI, LINDA L
1525 MALABOR LAKES DRIVE, N.E.
PALM BAY FL 32905

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 607.1508, 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

Signature, typed or printed name of registered agent (and if applicable, date)

(If 11e Registered Agent signature required when reconstituted)

DATE

12. OFFICERS AND DIRECTORS

TITLE VTS
NAME CARLUCCI, LINDA K
STREET ADDRESS 1525 MALABAR LAKES DRIVE, N.E.
CITY-ST-ZIP PALM BAY FL
DELETE
TITLE PD
NAME CARLUCCI, JOSEPH M.
STREET ADDRESS 1525 MALABOR LAKES DRIVE, N.E.
CITY-ST-ZIP PALM BAY FL
DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
Change Addition
21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
Change Addition
31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
Change Addition
41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
Change Addition
51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
Change Addition
61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP
Change Addition

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Linda K. Carlucci
LINDA K. CARLUCCI

8/5/96

407-952-7736

Date

Daytime Phone #

CR2E034 (3/96)