

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

FILED

May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000074248 (2)**

1. Corporation Name

TUNNEL RECORDS, INC.



Principal Place of Business 4942 EBENBURG DRIVE TAMPA FL	Mailing Address 4942 EBENBURG DRIVE TAMPA FL 33647-1382
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2. Principal Place of Business 21 12937 N. FLORIDA AVE Suite, Apt #, etc.		2a. Mailing Address 26 12937 N. FLORIDA AVE Suite, Apt #, etc.		3. Date Incorporated or Qualified 09/26/1995	3a. Date of Last Report 06/25/1996
22 City & State 23 TAMPA		27 City & State 28 TAMPA		4. FEI Number 59-3336189	Applied For Not Applicable
24 Zip 33612		25 Country USA		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
26 Zip 33612		27 Country USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
28 This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD 343 ALMERIA AVENUE CORAL GABLES FL 33134				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	NAME	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS		1.2 NAME	SAUNDERS, ROSEMARY	
CITY-ST-ZIP	CITY-ST-ZIP		1.3 STREET ADDRESS	4942 EBENBURG DRIVE	
			1.4 CITY-ST-ZIP	TAMPA, FL	
TITLE	NAME	<input type="checkbox"/> DELETE	2.1 TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS		2.2 NAME		
CITY-ST-ZIP	CITY-ST-ZIP		2.3 STREET ADDRESS		
			2.4 CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> DELETE	3.1 TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS		3.2 NAME		
CITY-ST-ZIP	CITY-ST-ZIP		3.3 STREET ADDRESS		
			3.4 CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> DELETE	4.1 TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS		4.2 NAME		
CITY-ST-ZIP	CITY-ST-ZIP		4.3 STREET ADDRESS		
			4.4 CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> DELETE	5.1 TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS		5.2 NAME		
CITY-ST-ZIP	CITY-ST-ZIP		5.3 STREET ADDRESS		
			5.4 CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> DELETE	6.1 TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS		6.2 NAME		
CITY-ST-ZIP	CITY-ST-ZIP		6.3 STREET ADDRESS		
			6.4 CITY-ST-ZIP		

14. I do 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 unchanged, or on an attachment with an address.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **4/10/97** **813 931 2670**

CR2E034 (9/96)