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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000084630 (9)

L & D TUNE, INCORPORATED

Principa! Piaco	of Business	Mailing Address								
1800 CONSTANTINE DR ORLANDO FL 32825 US		1046 CLUB SYLVAN DR APT A ORLANDO FL 32825 -8 024						1014	_	
						3. Date Incorporated or Qualified 11/01/1995		ite of Last R 17/1996	eport	
2, Principal P	ace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number	1 04		oplied For	1
21		26	26			59-3343073 Not Applical			ot Applicable	1
Suite, Apt. #, etc. 22		Suite, Apt #, etc.	27			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State 23		City & State				6. Election Campaign Financing Trust Fund Contribution		Added	May Be to Fees	-
Zip 24	25]	7(p	29 30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No 10. Name and Address of New Registered Agent				
	9. Name and Address of Curre	an negistered Agent		81	Name	10. Name and Address of New He	Bistelen 1	- Gent		1
	igs, larry d 3 Club Sylvan dr		ļ							-
APT				82	Street Addre	ess (P.O. Box Number is Not Acceptat	le)			
	ANDO FL 32825			83					,]
				84	City		FL	85 Zip	Code	1
11. Pursuant office or r	to the provisions of Sections 607.00 egistored agent, or both, in the Sta	502 and 607.1508, Florida Statute of Florida, Such change was	utes, the at authorized forida Stat	ove-r by tl	named corpo he corporation	pration submits this statement for the pon's board of directors. I hereby accept		changing it ointment as	ts registered registered	1
CICALATURA	Signates appealed printed name of regulations a					d when reinstating)	DATE			
12.		NO DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	-		3
TITLE	PT	DELETE	1.170					Change	Addition	3
NAME OLOGE LANGUE OF	BOGGS, LARRY D 1046 CLUB SYLVAN DR APT A			1.2 NAME 1.3 STREET ADDRESS						į
STREET ADDRESS CITY: ST: ZIP	ORLANDO FL	n		REET AL TY-ST-	- 1					Ž
TIFLE	VS	DELETE	211					Change	Addition	Č
N4ME	The state of the s		2.2 N	2.2 NAME						
STREET AUDRESS	1951 BONNEVILLE RD		2.3 \$1	REE1 AL	odress		Ç			1
CITY-ST-ZIP	ORLANDÓ FL			17Y-ST-	ZIP			T-1-2.		١.
TITLE				3.1 TITLE				L Change	Addition	
NAM:		•	3.2 N/		angree					
STREET ADDRESS CITY+S1+ZIP				IREET AL ITY+ST-						i
100		DELETE	4.1 TI					Change	Addition	1
NAME			4 2 N	AME						
\$13EET ADORESS			4.3 \$1	reet ac	odress					l
CITY- ST-2II				TY-ST-	ZIP					
i inte		DELETE	5.1 7(ł			∐ Change	Addition	}
NAME			5.2 N			İ				
STREET ADDRESS				REET AC	1					1
C(TY+ST-ZIP TITLE	,,,,,,,	DELETE	5.4 CI 6.1 Ti	TY-ST-	ZIP			Change	Addition	+
NAME		ELI OFFICE	6.2 N					Land ColoningC	, raginori	1
STREET ATIORESS				FREET AL	DORESS					
CHY-ST-ZiP				ITY-ST-						1
	by certify that the information suppl	ied with this filing does not qua				in Section 119.07(3)(i), Florida Statute	s. I furthe	r certify that	the	1

I. 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 if changed or on an attachment with an address.

SIGNATURE

SIGNATURE ANY TYPED OR PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

0665 2/2

407-382-7111

FILED

Feb 27 1997 8:00am

Secretary of State