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 # S47003

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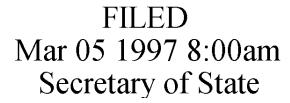
TUNA ENTERPRISES, INC.

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Prins	cic	al	Plac	e:	of	Busir	10

KISSIMMEE FL 34741

Mailing Address

2604 N BEAUMONT AVE KISSIMMEE FL 34741-1615





				3. Date Incorporated or Qualified 04/22/1991	3a. Date of Last Report 05/01/1996
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 TUNA	A ENTERPRISES, THE	26 TUNA ENTERO	RISE FNC	59-3072386	Not Applicab
Suite, Apt.	. #, eic	Suite, Apt. #, etc.	•	5. Certificate of Status Desired	\$8.75 Additional
22 4378	BCREEKSIDE BLVD	27 8-378 CREE	KSIDE BLVI	or common or charge pooring	Fee Required
City & Stat		City & State	~	6. Election Campaign Financing	\$5.00 May Be
23 K(35)	mines, FL	28 KISSIMMER	FQ.	Trust Fund Contribution	Added to Fees
	Country	Zip	Country	8. This corporation has liability for in	
29 37 176	9. Name and Address of Current	29 347 46- 6049 3	0]	Florida Statutes L	Yes No
CHI	AWDURY\SALAUDDIN	Hogisteren Agent	81 Name		Jistered Agent
	N BEAUMEONT AVE			Chawdury Salau	ddin.
	SIMMEE FL\34741		82 Street	Address (P.O. Box Nan ber is Not Acceptab	
Noc	SIMMEE PEOPLE		83	1378 CREEKSIDE B	LVD
			00		
			84 City	KISSIMMEE	FL 85 Zip Code 34746-60
11, Pursuant	to the provisions of Sections 607 0502	and 607.1508, Florida Statutes	, the above-named	corporation submits this statement for the n	grand of abanding its registers.
agent. La	registered agent, or both, in the state o am familiar with, and accept the obligati	i Florida, Such change was aut ons of, Section 607.0505, Flori	tnorized by the corp da Statutes.	poration's board of directors. I hereby accep	t the appointment as registered
SIGNATURE	Subjective Spread or professional or registered spent	and tille it applicable (NOTE: I	Registered Agent signature	2/	28/97
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	FRS AND DIRECTORS IN 12
TILE	PS	DELETE		4 5.	Change Additio
NAME	CHAWDURY, SALAUDDIN		1.2 NAME	Charlidury Salauldin	
STREET ADDRESS	2604 N BEAUMONT AVE		1.3 STREET ADDRESS	4378 CREEKSIDE BLU	D
CITY ST ZIF	KISSIMMEE FL 34741		1.4 CITY - ST - ZIP	KISSIMMEE, PL 3474	
TITLE		DELETE	2.1 THTLE		Change Additio
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CHY-ST ZIP			2. 4 CITY - ST- ZIP		
TITLE		DELETE	3.1 TITLE		☐ Change ☐ Additio
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-7IP			3 4. City-St-Zip		i .
TITLE		DELETE	4.1 TITLE		Change Additio
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
C(TY - ST - Z)P			4.4 CITY-ST-ZIP		
TILE		DELETE	5.1 TITLE		Change Additio
NAME			5.2 NAME		E overâge E vanina
STREET ADDRESS			5.3 STREET ADDRESS		
DOTHER CHEMINES					
011V - \$3 - 24P					
CITY - ST - ZIP		DELETE	5.4 CITY-ST-ZIP		Chance Addition
Tille		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Additio
TITLE NAME		☐ DELFTE	5.4 City-St-ZiP 6.1 Title 6.2 NAME		Change Addilio
Tille	_	DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	•	Change Addilio

information indicated on this annual report or 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:

BIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/97

Daytime Priorie #