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Mar 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # S47003

(6)

1. Corporation Name
TUNA ENTERPRISES, INC.

Principal Place of Business
2604 N BEAUMONT AVE
KISSIMMEE FL 34741

Mailing Address
2604 N BEAUMONT AVE
KISSIMMEE FL 34741-1615



2. Principal Place of Business

21 TUNA ENTERPRISES, INC.
Suite, Apt. #, etc.

22 4378 CREEKSIDE BLVD
City & State

23 KISSIMMEE, FL
Zip Country

24 34746-6049 25

2a. Mailing Address

26 TUNA ENTERPRISE, INC.
Suite, Apt. #, etc.

27 4378 CREEKSIDE BLVD
City & State

28 KISSIMMEE, FL
Zip Country

29 34746-6049 30

3. Date Incorporated or Qualified
04/22/1991

3a. Date of Last Report
05/01/1996

4. FEI Number
59-3072386

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

9. Name and Address of Current Registered Agent

CHAWDURY SALAUDDIN
2604 N BEAUMONT AVE
KISSIMMEE FL 34741

10. Name and Address of New Registered Agent

81 Name Chawdury Salauddin

82 Street Address (P.O. Box Number is Not Acceptable)

4378 CREEKSIDE BLVD

83

84 City

KISSIMMEE

FL

85 Zip Code

34746-6049

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 Salauddin Chawdury

Signature of agent or person named as registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2/28/97

12. OFFICERS AND DIRECTORS

1. TITLE PS
NAME CHAWDURY, SALAUDDIN
STREET ADDRESS 2604 N BEAUMONT AVE
CITY- ST- ZIP KISSIMMEE FL 34741 ☐ DELETE

2. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

3. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

4. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

5. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

6. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PS
1.2 NAME Chawdury Salauddin
1.3 STREET ADDRESS 4378 CREEKSIDE BLVD
1.4 CITY- ST- ZIP KISSIMMEE, FL 34746-6049 ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
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 if changed, or on an attachment with an address.

SIGNATURE: Salauddin Chawdury

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/97

Date

Daytime Phone #

CR2E034 (9/96)