SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

**PROFIT** CORPORATION ANNUAL REPORT

1998

TUNA ENTERPRISES, INC.



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

(6)

APPROVEJI AND FIL**E**D

98 JUL 29 AM 9:53

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Principal Place	e of Business	<del></del>		Malling Addre	ess		•		
TUNA ENTERPRISES, INC 4378 CREEKSIDE BLYD KISSIMMEE FL 34746			T 43	TUNA ENTERPRISE INC 4378 CREEKSIDE BLVD KISSIMMEE FL 34746					DO NOT WRITE IN THIS SPACE
US			U	US					3. Date incorporated or Qualified 04/22/1991
2. Principal P.	lace of Busin	ess	24	2a. Mailing Address					4. FEI Number Applied For
21				26					<b>59-3072386</b> Not Applicable
Sulte, Apt. #, etc.				Suite, Apt. #, etc. 27					5. Certificate of Status Desired See Required Fee Required
City & State				City & State					6. Election Campaign Financing \$5,00 May Be Trust Fund Contribution Added to Fees
Zip	Country			Zip Cou			ntry	try 8. This corporation owes or has paid the current year Intangible	
24		25 29 30			Personal Property Tax due June 30. Yes X No				
9. Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent		
	wdu <del>r</del> y sa						81	Name	ne
	Creeksid						82 Street Address (P.O. Box Number is Not Acceptable)		
KISSMMBE FL 34741							83		
i									
				··· — — -			84	City	
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 o	or printed name of registere	<del> </del>		(NC		red A	gent signal	nature required when reinstating) DATE
12.	5A	OFFICERS	S AND DIR	ECTORS	,	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PS	N/ 641 41 10 10 11		L	DELETE	1.1 T)			Change Addition
NAME		RY SALAUDDIN				1.2 N	ME		8000026018681 -07/29/9801083003
STREET ADDRESS		EKSIDE BLVD				1.3 ST	REET	address	****150.00 ****150.00
CITY-ST-ZIP	KISSIMME	E FL			·	1.4 CI		-ZIP	****130.00 ****130.00
TITLE				L	DELETE	2.1 TI	LE		Change Addition
NAME						2.2 N/	ME		
STREET ADDRESS	5					2.3 ST	REET	address	SS
CITY-ST-ZIP		<u>, , ,</u>				2.4 CI	TY-ST	-ZIP	
TITLE					DELETE	3.1 Ti	ΙE		Change Addition
NAME						3.2 NA	ME		
STREET ADDRESS						3.3 ST	REET	address	ss
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·				3.4 CI		-ZIP	
TITLE					DELETE	4.1 TI	I.E		Change Addition
NAME						4.2 NA	ME		
STREET ADDRESS						4.3 ST	REET	address	ss
CITY-ST-ZIP						4.4 CI	ry-st	ZIP	
TITLE					DELETE	5.1 TI	LE		Change Addition
NAME						5.2 NA	ME		
STREET ADDRESS						5.3 ST	REET	address	ss
CITY-ST-ZIP						5.4 CI	ry-st	-ZIP	1.6
TITLE					DELETE	6.1 TI	LE		Change Addition
NAME						6.2 NA	ME		#W 'I
STREET ADDRESS						6.9 ST	REET	ADDRESS	$\psi$ $ _{zc}$
CITY-ST-ZIP	_					6.4 CI	TY-ST	-ZIP	'

14. I 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.

CALARCINA WILL AS COURSED

Morlan