


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

FILED  
May 03, 1999 8:00 am  
Secretary of State

05-03-1999 90091 009 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 851863

1. Corporation Name  
TUESDAY MORNING, INC.

Principal Place of Business 14621 INWOOD ROAD DALLAS TX 75244	Mailing Address 14621 INWOOD ROAD DALLAS TX 75244
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Addison, TX 24 Zip 75001 25 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Addison, TX 29 Zip 75001 30 Country		3. Date Incorporated or Qualified 02/15/1982	4. FEI Number 75-1482994	Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	1.1 TITLE	DC
NAME	ROSS, LLOYD L.	1.2 NAME	Serry M. Smith
STREET ADDRESS	14621 INWOOD RD.	1.3 STREET ADDRESS	14621 Inwood Rd.
CITY-ST-ZIP	DALLAS TX	1.4 CITY-ST-ZIP	Addison, TX 75001
TITLE	ST	2.1 TITLE	
NAME	JARVIS, MARK E.	2.2 NAME	
STREET ADDRESS	14621 INWOOD ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX	2.4 CITY-ST-ZIP	Addison, TX 75001
TITLE	VP	3.1 TITLE	
NAME	JARVIS, MARK E.	3.2 NAME	
STREET ADDRESS	14621 INWOOD RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX	3.4 CITY-ST-ZIP	Addison, TX 75001
TITLE	P	4.1 TITLE	
NAME	SMITH, JERRY M	4.2 NAME	
STREET ADDRESS	14621 INWOOD ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX	4.4 CITY-ST-ZIP	Addison, TX 75001
TITLE	VP	5.1 TITLE	
NAME	HUESERS, DUANE A	5.2 NAME	
STREET ADDRESS	14621 INWOOD RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX	5.4 CITY-ST-ZIP	Addison, TX 75001
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Duane A. Huesers  
V.P. Finance

Date 4/28/99 972-387-3562  
Daytime Phone #

CR2E034 (11/98)