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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE.

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **K99795** (2)
1. Corporation Name
TUT ENTERPRISES INCORPORATED
d/b/a Totally Unique Thoughts

Principal Place of Business Mailing Address
1713 ACME STREET 1713 ACME STREET
ORLANDO FL 32805-0603 ORLANDO FL 32805-0603

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		2a		07/03/1989		04/05/1994	
Suits, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		59-2955247		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
23		28		<input type="checkbox"/>		\$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/>	
24	25	29	30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DOOLEY, MICHAEL E. 10340 CYPRESS ISLE CT. ORLANDO FL 32835				81 Name			
				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 _____ DATE _____
Signature (typed or printed name of registered agent and fee if applicable) (NOTE: Registered Agent signature required when running) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	DOOLEY, MICHAEL E.	1.2 NAME					
STREET ADDRESS	10340 CYPRESS ISLE CT.	1.3 STREET ADDRESS					
CITY - ST - ZIP	ORLANDO FL 32836	1.4 CITY - ST - ZIP					
TITLE	VS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	DOOLEY, SHEELAGH M.	2.2 NAME					
STREET ADDRESS	4927 WALDEN CR	2.3 STREET ADDRESS					
CITY - ST - ZIP	ORLANDO FL 32811	2.4 CITY - ST - ZIP					
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	DOOLEY, ANDREW R.	3.2 NAME					
STREET ADDRESS	1411 E CENTRAL BLVD A	3.3 STREET ADDRESS					
CITY - ST - ZIP	ORLANDO FL 32801	3.4 CITY - ST - ZIP					
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		4.2 NAME					
STREET ADDRESS		4.3 STREET ADDRESS					
CITY - ST - ZIP		4.4 CITY - ST - ZIP					
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		5.2 NAME					
STREET ADDRESS		5.3 STREET ADDRESS					
CITY - ST - ZIP		5.4 CITY - ST - ZIP					
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		6.2 NAME					
STREET ADDRESS		6.3 STREET ADDRESS					
CITY - ST - ZIP		6.4 CITY - ST - ZIP					

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 appointment with an address.

SIGNATURE: *Michael E. Dooley* Michael E. Dooley 1/9/94 407-240-7040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Typed Name)