FILED

see attached-

**PROFIT** -CORPORATION



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

F	1999		Secretary of DIVISION OF COR			93 MER 17 PH 12: 54	
DOCU 1. Corporatio	MENT # L5	52946				STORLIARY OF STATE MILLAMASSEE, FLORIDA	
	TULI	DESIGN, I	NC.			1000028143211	
Principal Plac	e of Business	Mai	ling Address			***1200.00 ***1200.00	
	Robin Dri		o BSH Devel			DO NOT WRITE IN THIS SPACE	+
Sar	asota FL					3. Date Incorporated or Qualified	
2. Principal P	Place of Business	}¬	Mailing Address			Not Applicable	
Suite, Apt.	#, etc.	1 1	Suite, Apt #, etc.			5. Certificate of Status Desired [ ] \$8.75 Additional Fee Required	
City & Stat	le	28	City & State			6. Election Campaign Financing S5.00 May Be Added to Fees	· }
24)	Cour [25]	· ba	·	Country		This corporation owes the current year Intangible     Personal Property Tax	
		ress of Current Registe	ered Agent	81 Nami		10. Name and Address of New Registered Agent	
	swell, Chris		Mississauga ON L4X 1L9    Za, Mailing Address				
	)33 Main St Trasota FL	ain Street, Suite 600 ta FL 34237 84 City Suite 380					
			7 1509 Florida Statutos H			rasota FL 34237	
office or r	registered agent, or ho	the in the State of Florida	Such change was puthor	ized by the cor	poration	is board of directors. Thereby accept the appointment as registered	:
SIGNATURE	Signature, typed or printed na			tered Agent signature	required		ó
12.		OFFICERS AND DIREC		13.	1		Š
TITEE	DP				Į.	Acuande L'Adoction	Ξ
PLANTE .	Strongman						Š
STREET ADDRESS	SARASORA PLII	n Drive			1	24226	ŭ
CITY-ST-ZIP TITLE	<b>†</b>		The second secon		Sa		٥
NAME	DV	- 11			1	K) orange [] Account	
STREET ADDRESS			ne .				
CITY-ST-ZIP		in Drive			1	aracota FL 34236	
TITLE	Sarasota	a		HTIDLE		[Change [] Addition	
NAME	Strongm	an, Reid	13	3 2 NAME	1	n	
STREET ADDRESS		cker Drive	] :	3 STREET ADDRESS	1 20	050 Dundas St. E., Unit 3	
CITY-ST-ZIP	- Mississ			14 CITY-51-2IP		ississauga ON L4X 1L9	
TITLE	ர	_	[] DÉLETE	I I TITLE	]	(1) Change (1) Addition	
NAME	William:	, Robert	•	I 2 NAME	\		
STREET ADDRESS	414 Val:	leyfield Dr	ive	3 STREET ADDRESS		050 Dundas St. E., Unit 3	
C/TY-ST-ZIP	Mississa	auga ON		4 CITY-ST-ZIP	M:	ississauga ON L4X 1L9	
TITLE				S I TITLE	1	Change Addition	
NAME	ı.		•	S 2 NAME	.}		
5TREET ADDRESS				63 STREET ADDRES! 64 City-St-Zip	`		
CITY-ST-ZIP TITLE				1 TITLE	1	[   Change	
HAME			,	32 NAME	{	[ ) outside [ ] Leadings	
STREET ADORESS				3 STREET ADORESS	:		

CITY-S1-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 suppliemental 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 AND TYPES OR PRINTED WANT OF SIGNING OFFICER OR DIRECTOR

111a E 15/99 441-365-7966

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT	#	L52946
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1. Corporation Name

Principal Place of Business

TULI DESIGN, INC.

Mailing Address

	Robin Drive asota FL 34236	c/o BSH Deve 2050 Dundas Mississauga	St. E.Uni	3. Date Incorporated or Qualifed	. IN THIS SPACE
Principal Pl	lace of Business	2a. Mailing Address		4. FET Number 1990	Applied For
Suite, Apt	#, etc	Suite, Apt #, etc		65-0187976 5. Certificate of Status Desired	Not Applicable  \$8.75 Additional Fee Required
City & State	e	City & State		Flection Campaign Financing     Trust Fund Contribution	( ) \$5.00 May Be Added to Fees
Zgr L	Country [25]	Zφ [29] ],4X 1],9 [3	Country	This corporation owes the currer     Personal Property Tax	[]Yes []No
CAS	9. Name and Address of Current WELL, CHRIS	Registered Agent	81 Name	10. Name and Address of New Re	dizreted Adesir
			1 1	ddress (P.O. Box Number is Not Acceptab	
.50	33 Main Street, S	Suite 600	83 TOO W	Wallace Ave., Suite	30U
	rasota FL 34237		84 City		185 Zip Code
			1 - 1	Sarasota	FL 34237
office or ri	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar/with, and agoept the obligati	f Florida, Such change was aut	, the above named c	orporation submits this statement for the plation's tioard of directors. I hereby accept	urpose of changing its registered the appointment as registered
SIGNATURE	Signature typed or printed reason of registered agent	and little if applicable (NOTE R	egislared Agent signature req		/16/99 DATE
12.	OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFI	
III.£	DP	Libereie	1 1 TITLE 1 2 NAME		Change [* Addition
IAME TREET ADDRESS	Strongman, Bruce	)	13 STREET ADDRESS		
HT ST ZIP	SARASOTA FL Drive	[ ] DELETE	14 CHTY-ST-ZIP	Sarasota FL 34236	<b>[</b> ] Addition
IILE	DV		2 1 TITLE 22 NAME		K Change [ ] Monton
IAME	Strongman, Cath		23 STREET ADDRESS		
TREET ADDRESS	235 Robin Drive		2 4 City - ST-ZIP	Sarasota FL 34236	
IILE	Sarasota FL S	[ ] DETETE	3.1 TILLE	Datasoca III 31200	K Change [   Addition
AME.	Strongman, Reid		32 NAME 33 STREET ADORESS	2050 Dunden Ct E	. Unit 3
STREET ADDRESS	2219 Parker Dri	ive	34 CITY-ST-ZIP	2050 Dundas St. E.	X 1L9
HY:ST-ZIP TILE	- Mississauga ON	[ ] DETELE	4.1 TITLE	Mississauga ON L4	(X) Change [ ] Addition
INP.4F	Williams, Rober	rt	4 2 NAME		*****
TREET ADDRESS	414 Valleyfield	d Drive	43STREET ADDRESS	2050 Dundas St. E.	
'ITY-ST-ZIP	<u>Mississauga</u> ON	[ ] Drives	4.4 Cify-ST-ZIP	Mississauga ON L4	X 1L9
ITIF		[.] DELETE	5 I TITLE 52 NAME		[ ] Change [ ] Addition
WE			53 STREET ADDRESS		
TREET ADDRESS			54 CITY-ST-ZIP		
1114-21-51b		DELFIE	6 1 TITLE		[ ] Change [ ] Addition
1			6.2 NAME		
(ALIE			02 10411.		
IAME STREET ADDRESS			63 STREET ADDRESS		

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 AND THEO OR PRINTED HAMP OF SIGNING OFFICER OR DIRECTOR

1111 a 8 15 / 99 441-365-7966

R2E034 (11/98)

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

**PROFIT** FLORIDA DEPARTMENT OF STATE FILFI CORPORATION Katherine Harris ANNUAL REPORT Secretary of State 99 MAR -8 PH 3:56 1999 DIVISION OF CORPORATIONS **DOCUMENT # 417622** 1. Corporation Name MELEE INC Principal Place of Business Mailing Address 2713 N.E. LAKEVIEW DR. 2713 N.E. LAKEVIEW DR. SEBRING FL 33870 SEBRING FL 33870 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 01/29/1973 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-1448609 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Žip Country Country 8. This corporation owes the current year Intangible Personal Property Tax 25 ☐ Yes □No 34 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name EASTMAN, BEN O Street Address (P.O. Box Number is Not Acceptable) 2713 NE LAKEVIEW DR. SEBRING FL 33870 83 84 City 85 Zip Code 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 (NOTE Registered Agent signature rug Signature, typed or printed name of registered agent and title if applicable 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. DELETE TITLE 1 1 TITLE Change [] Add to: President EASTMAN, ESTHER 1.2 NAME Eastman, Ben NAME 206 TAR HEEL RD 206 Tar Heel Road STREET ADDRESS 13 STREET ADDRESS Maggie Valley, NC 28751 **MAGGIE VALLEY NC 28751** 1.4 CITY+\$T-2IP CITY-ST-ZIP Change ☐ DELETE ☐ Addition 21 TITLE Second VP TITLE LOWE, DAVID 22 NAME NAME 2061 W NORTHGATE DR STREET ADDRESS 2 3 STREET ADDRESS CCLUMBUS IN CITY-ST-ZIP 2 4 CITY - 5T-2/P Change DELETE Addition | TITLE 3 1 TITLE 000002812560-HEACOCK, FORD NAME 3.2 NAME 03/19/99 -- 01105 -- 011 2713 NE LAKE VIEW DR STREET ADDRESS 3.3 STREET ADDRESS \*\*\*\*150.00 \*\*\*\*158.00 SEBRING FL CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE Change ☐ Adotton TITLE 4 1 TITLE EASTMAN, MIKE NAME 4 2 NAME 917 8TH AVE 4.3 STREET ADDRESS STREET ADDRESS SEBRING FL 33872 4 4 CiTY-ST-ZIP CITY-ST-ZIP Change DELETE First VP [] Apptor TITLE 5 1 TITLE EASTMAN, ESTHER 52 NAME Lowe, Douglas NAME 502 South Main Street **2532 DAVIS CIRCLE** 5 3 STREET ADDRESS STREET ADDRESS Winchester, IN 47394 SEBRING FL 33870 54 CITY+ST-ZIP CITY-ST-ZIP DELETE 6 1 TITLE Change Addition TITLE NAME 63 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(1). Florida Statutes 1 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 each 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 mame appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered. BEN O ERSTMAN

SIGNATURE: