

- See attached -

Page 1

PROFIT CORPORATION
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
JAN 17 PM 12:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L52946
1. Corporation Name

TULI DESIGN, INC.

Principal Place of Business Mailing Address

235 Robin Drive c/o BSH Developments
Sarasota FL 34236 2050 Dundas St. E. Unit
Mississauga ON L4X 1L9

100002814321-1
-03/22/99-01146-013
***1200.00 ***1200.00
REINSTATEMENT 96-99
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
2/26/1990

4. FET Number
65-0187976

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 owes the current year Intangible Personal Property Tax ☐ Yes ☒ No

10. Name and Address of New Registered Agent

CASWELL, CHRIS

2033 Main Street, Suite 600
Sarasota FL 34237

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83 City	84 Zip Code
	100 Wallace Ave., Suite 380	Sarasota FL	34237

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 required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Strongman, Bruce	12 NAME	
STREET ADDRESS	235 Robin Drive	13 STREET ADDRESS	Sarasota FL 34236
CITY-ST-ZIP	SARASOTA FL	14 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Strongman, Catherine	22 NAME	
STREET ADDRESS	235 Robin Drive	23 STREET ADDRESS	Sarasota FL 34236
CITY-ST-ZIP	Sarasota FL	24 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Strongman, Reid	32 NAME	
STREET ADDRESS	2219 Parker Drive	33 STREET ADDRESS	2050 Dundas St. E., Unit 3
CITY-ST-ZIP	Mississauga ON	34 CITY-ST-ZIP	Mississauga ON L4X 1L9
TITLE	T <input type="checkbox"/> DELETE	41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Williams, Robert	42 NAME	
STREET ADDRESS	414 Valleyfield Drive	43 STREET ADDRESS	2050 Dundas St. E., Unit 3
CITY-ST-ZIP	Mississauga ON	44 CITY-ST-ZIP	Mississauga ON L4X 1L9
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 15/99 441-365-7906
Daytime F.T. call #

CR2E034 (11/98)

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

Page 2

DOCUMENT # L52946

1. Corporation Name

TULI DESIGN, INC.

Principal Place of Business

Mailing Address

235 Robin Drive
Sarasota FL 34236

c/o BSH Developments
2050 Dundas St. E. Unit
Mississauga ON L4X 1L9

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 [25] [29] L4X 1L9 [30]

9. Name and Address of Current Registered Agent

CASWELL, CHRIS

2033 Main Street, Suite 600
Sarasota FL 34237

81 Name

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

83 100 Wallace Ave., Suite 380

84 City

Sarasota

FL

85 Zip Code
34237

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

Chris Caswell

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

3/16/99
DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
DP	Strongman, Bruce	235 Robin Drive	SARASOTA FL
DV	Strongman, Catherine	235 Robin Drive	Sarasota FL
S	Strongman, Reid	2219 Parker Drive	Mississauga ON
T	Williams, Robert	414 Valleyfield Drive	Mississauga ON

13.

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY, ST, ZIP
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY, ST, ZIP
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY, ST, ZIP
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY, ST, ZIP
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY, ST, ZIP
61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY, ST, ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY, ST, ZIP
X Change	[] Addition	Sarasota FL 34236	
X Change	[] Addition	Sarasota FL 34236	
X Change	[] Addition	2050 Dundas St. E., Unit 3 Mississauga ON L4X 1L9	
X Change	[] Addition	2050 Dundas St. E., Unit 3 Mississauga ON L4X 1L9	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Dayton & Feltner

CR3E034 (11/98)

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 MAR -8 PM 3:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 417622

1. Corporation Name
MELEE INC

Principal Place of Business
**2713 N.E. LAKEVIEW DR.
SEBRING FL 33870
US**

Mailing Address
**2713 N.E. LAKEVIEW DR.
SEBRING FL 33870
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/29/1973

4. FEI Number
59-1448609

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 owes the current year Intangible
Personal Property Tax ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

**EASTMAN, BEN O
2713 NE LAKEVIEW DR.
SEBRING FL 33870**

10. Name and Address of New Registered Agent

81 Name

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

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84 City

FL 85 Zip Code

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.

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(NOTE: Registered Agent signature required when reinstating)

DATE

SIGNATURE:

BEN O EASTMAN

BEN O EASTMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR