## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**PROFIT** CORPORATION **ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name TULA, INC. P93000071608 (2)



97 SEP 17 AM 10: 21

| Principal Place   | of Business                                      | Mailing Address                  |                     |                    |   |   |              |              |               |
|---|--|----------------------------------|---------------------|--------------------|---|---|--------------|--------------|---------------|
| 2464 SE FEDER   |  | 2464 SE FEDERAL HWY              |                     |                    |   |   |              |              |               |
| STUART FL 34  | 994  | STUART FL 34994                  | STUART FL 34994     |                    |   | DO NOT WRITE                                  | IN THIS SE   | PACE         |               |
|   |  |                                  |                     |                    |   | 3. Date Incorporated or Qualified             |              | e of Last R  | eport         |
|   |  |                                  |                     |                    |   | 10/07/1993                                    |              | 1/1996       |               |
| 9 Principal Di-   | ace of Business                                  | 2a. Mailing Address              |                     |                    |   | 4. FEI Number                                 | 1 00/0       |              | plied For     |
| 21  | ace of Business                                  | — <u> </u>                       | 26                  |                    |   | 65-0443023                                    |              | <del></del>  | ot Applicable |
| Suite, Apt. 4   | # elc  |                                  | Suite, Apt. #, etc. |                    |   |   |              | \$8.75       |               |
| 22  | , 0.0  | <b>├</b> ─1 ' ' '                | 27                  |                    |   | <b>5.</b> Certificate of Status Desired       | لبا          | Fee Re       |               |
| City & State  |  | City & State                     | <u> </u>            |                    |   | 6. Election Campaign Financing                | •••          | \$5.00       | May Be        |
| 23  |  | 28                               | 28                  |                    |   | Trust Fund Contribution                       |              | Added t      |               |
| Zip   |  |                                  |                     | intry              |   | 8. This corporation owes or has pa            | id the curre | ent year Int | angible.      |
| 24  | 25 29 30   |                                  |                     |                    | Personal Property Tax due June 30. Yes No |   |              |              |               |
|   | 9. Name and Address of Curre                     | ent Registered Agent             |                     |                    |   | 10. Name and Address of New Re                | gistered A   | gent         |               |
| BOD   | EM, LOREN E                                      |                                  |                     | 81                 | Name                                      |   |              |              |               |
| 815 COLORADO AVE.   |  |                                  |                     | 82                 | Street &                                  | ddress (P.O. Box Number is Not Accentate      | nle)         |              |               |
|   | E 305  |                                  | oz Street A         |                    |   | ddress (P.O. Box Number is Not Acceptat       | 986          | 382          |               |
|   | ART FL 34994                                     |                                  |                     | 83                 |   | -09/19/                                       | 9701         | 115          | J19           |
|   |  |                                  |                     |                    | <u> </u>                                  | ****16  | 5.00         | ****!        | <u>,5,00</u>  |
|   |  |                                  |                     | 84                 | City                                      |   | FL           | 85   ZIP I   | Code          |
| 11. Pursuant t  | a the provisions of Sections 607.05              | 02 and 607.1508, Florida Statu   | utes, the a         | bove               | -named                                    | corporation submits this statement for the p  | ourpose of o | changing it  | s 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. |  |                                  |                     |                    |   |   |              |              |               |
| _   | it laminar with, and accept the con-             | gations of, decitor obv.0303, i  | ionaa ota           | 10100              |   |   |              |              |               |
| SIGNATURE ,   | Signature, typed or printed name of registered a | gent and title if applicable (NC | OTE flagistore      | d Age              | ni signature i                            | required when reinstating)                    | DATE         |              |               |
| 12. OFFICERS AND DIRECTORS 13.  |  |                                  |                     |                    |   | ADDITIONS/CHANGES TO OFFIC                    | ERS AND      | DIRECTOP     | ₹S IN 12      |
| TITLE   |  |                                  |                     | 1.1 TITLE          |   |   | I            | Change       | ☐ Addition    |
| NAME .  | Kelly, Irene                                     |                                  |                     | 1.2 NAME           |   |   |              |              |               |
| STREET ADDRESS  | DDRESS 2484 SE FEDERAL HWY                       |                                  |                     | 1.3 STREET ADDRESS |   |   |              |              |               |
| CITY-ST-ZIP   | STUART FL 34994                                  |                                  |                     | ITY-S              | 3 - 7IP                                   |   |              |              |               |
| TITLE   |  |                                  |                     | ITLE               |   |   |              | Change       | Addition      |
| NAME  |  |                                  | 2.2 NAME            |                    |   |   |              |              |               |
| STREET ADDRESS  |  |                                  | 2.3 S               | FREET              | ADDRESS                                   |   |              |              |               |
| CITY-ST-ZIP   |  |                                  |                     | CITY - S           | S1-ZIP                                    |   |              |              |               |
| TITLE   | DELETE 3.11                                      |                                  |                     |                    |   |   |              | Change       | Addition      |
| NAME  |  |                                  | 3.2 N               | AME                | 1   |   |              |              |               |
| STREET ADDRESS  |  |                                  | 3.3 S               | TREE 1             | ADDRESS                                   |   |              |              |               |
| CITY= ST-ZIP  |  |                                  | 3.4 (               | SHY - S            | S1-ZIP                                    |   |              |              |               |
| TITLE   |  | DELETE                           | 4.1 1               |                    |   |   |              | Change       | ☐ Addition    |
| NAME  |  |                                  | 4.21                | VAME               |   |   |              |              |               |
| STREET ADDRESS  |  |                                  | 4.3 S               | TREET              | ADDRESS                                   |   |              |              |               |
| CITY-\$1-ZIP  |  |                                  |                     |                    | 51 - ZIP                                  |   |              |              |               |
| TITLE   |  | DELEYE                           | 5.1 T               |                    |   | <i>∿</i> _                                    |              | Change       | Addition      |
| NAME  |  |                                  | 5.2 N               |                    |   | W2  | 800          | 1            |               |
| STREET ADDRESS  |  |                                  |                     |                    | ADDRESS                                   |   | 8/ \         |              |               |
| 1   |  | •                                |                     |                    | ST-ZIP                                    | (\^')   | Ų.           |              |               |
| CITY-ST-ZIP<br>TITLE  |  | DELETE                           | 611                 |                    | 1 411                                     |   |              | Change       | Addition      |
| NAME  |  | ****                             | 62 N                |                    |   |   |              | ,            |               |
| 1 1   |  |                                  |                     |                    | ADDRESS                                   |   |              |              |               |
| STREET ADDRESS  |  |                                  | 1                   |                    | 1-7IP                                     |   |              |              |               |
| 14. Ldo heret   | by certify that the information suppl            | ed with this filing does not qua |                     |                    |   | ated in Section 119.07(3)(i), Florida Statute | s. I further | certify that | the           |

Information Indicated on this annual report or supplied with this hing does not greatly for the exemption stated in obtain 1190 (3)(f), Florida statutes. Florida statutes. Florida statutes annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under orth; 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.



September 05, 1997

Tula, Inc. D/B/A Consigning Women 2464 SE Federal Hwy. Stuart, FL 34994

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## Gentlemen:

Regarding the filing of the 1997 Corporation Annual Report, this letter is to inform that the original report was never received.

Enclosed is the completed second report and check #1026 in the amount of \$165.00, per the phone conversation with Sean on this date.

Sincerely,

Irene Kelly President

cc: file