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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **P94000042579 (0)**

1. Corporation Name

NICOLE'S CONSIGNMENTS & BOUTIQUE, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
9 DOVE COVE VALPARAISO FL 32580	9 DOVE COVE VALPARAISO FL 32580

3. Date Incorporated or Qualified 06/07/1994	3a. Date of Last Report
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2. Principal Place of Business	2a. Mailing Address
21 127 Hwy 98E	26 127 Hwy 98E
Suite, Apt. #, etc.	Suite, Apt. #, etc.
27 Suite 10	27 Suite 10
City & State	City & State
23 DESTIN, FL	28 DESTIN, FL
Zip	Zip
24 32541	29 32541
County	County
25 OKALOOSA	30 OKALOOSA

4. FEI Number 59-3251680	Applied For <input type="checkbox"/> 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 has liability for intangible tax under § 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
CHAMBERS, SUSAN A 9 DOVE COVE VALPARAISO FL 32580	

10. Name and Address of New Registered Agent	
81 Name G. MAXINE TISDALE	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	42 Rue d' FeCamp
84 City DESTIN	85 Zip Code FL 32541

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: **G. MAXINE TISDALE** *G. Maxine Tisdale* **4/5/95**
Signature (typed or printed name of registered agent and the registered agent) (DATE)

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	CHAMBERS, SUSAN A
STREET ADDRESS	9 DOVE COVE
CITY ST ZIP	VALPARAISO FL 32580
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	G. MAXINE TISDALE
3. STREET ADDRESS	127 HWY 98E, SUITE 10
4. CITY ST ZIP	DESTIN, FL 32541
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY ST ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY ST ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY ST ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information included 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. I am an officer or director of the corporation or the registered or designated agent, and I am authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 1, 2 or Block 13 of changed, or as an attachment with an address.

SIGNATURE: **G. Maxine Tisdale (G. MAXINE TISDALE)** **4/5/95 (904) 837-3770**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (DATE)