

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 11 PM 2:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

2. Principal Place of Business

2a. Mailing Address

21 **127 Hwy 98E**

26 **127 Hwy 98E**

4. FEI Number
59-3251680

Applied For
Not Applicable

22 **Suite 10**

27 **Suite 10**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 **DESTIN, FL**

28 **DESTIN, FL**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 **32541**

25 **OKALOOSA**

29 **32541**

30 **OKALOOSA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHAMBERS, SUSAN A
9 DOVE COVE
VALPARAISO FL 32580

81 Name **G. MAXINE TISDALE**
82 Street Address (P.O. Box Number is Not Acceptable)
83 **42 Rue d' FeCamp**
84 City **DESTIN** FL 85 Zip Code **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 registrant) (DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|----------------|----------------------------|
| 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 | |

| | | |
|--------------------|------------------------------|------------------------------------------------------------------------------|
| 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 | |
| 7. TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 8. NAME | | |
| 9. STREET ADDRESS | | |
| 10. CITY, ST, ZIP | | |
| 11. TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. NAME | | |
| 13. STREET ADDRESS | | |
| 14. CITY, ST, ZIP | | |
| 15. TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 16. NAME | | |
| 17. STREET ADDRESS | | |
| 18. CITY, ST, ZIP | | |

14. I, the undersigned, 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 registrant or holder of power of appointment to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report, 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)