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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

3a. Date of Last Report

06/07/1994

2. Principal Place of Business

2a. Mailing Address

21 127 Hwy 98E

26 127 Hwy 98E

4. FEI Number

Applied For

59-3251680

Not Applicable

22 Suite, Apt. #, etc

27 Suite, Apt. #, etc

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23 Suite 10

27 Suite 10

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24 DESTIN, FL

28 DESTIN, FL

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

24 32541

25 OKALOOSA

29 32541

30 OKALOOSA

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

85 FL

86 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

Signature of Registered Agent (signature required when registering)

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		
19. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
20. NAME		
21. STREET ADDRESS		
22. CITY, ST, ZIP		

14. I solemnly 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

(Signature)