

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000065587 (4)**

1. Corporation Name

TULIP CORPORATION

Principal Place of Business

**3444 MAIN HIGHWAY
COCONUT GROVE FL 33133**

Mailing Address

**3444 MAIN HIGHWAY
COCONUT GROVE FL 33133**



3. Date Incorporated or Qualified

08/24/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

65-0604144

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

21. State, Apt. #, etc.

26. State, Apt. #, etc.

22. City & State

27. City & State

23. Zip Country

28. Zip Country

24. Zip Country

29. Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

81. Name

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

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0607 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 607.0606, Florida Statutes.

SIGNATURE

(Print Name of Agent who signs this statement)

DATE

12. OFFICERS AND DIRECTORS

NAME	DELETE
PSTD MUNOZ, DOUGLAS W % 3444 MAIN HIGHWAY COCONUT GROVE FL 33133	☐
NAME	☐
STREET ADDRESS	☐
CITY, ST, ZIP	☐
NAME	☐
STREET ADDRESS	☐
CITY, ST, ZIP	☐
NAME	☐
STREET ADDRESS	☐
CITY, ST, ZIP	☐
NAME	☐
STREET ADDRESS	☐
CITY, ST, ZIP	☐
NAME	☐
STREET ADDRESS	☐
CITY, ST, ZIP	☐
NAME	☐
STREET ADDRESS	☐
CITY, ST, ZIP	☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

NAME	DELETE	Change	Addition
1. NAME	☐	☐	☐
2. STREET ADDRESS	☐	☐	☐
3. CITY, ST, ZIP	☐	☐	☐
4. NAME	☐	☐	☐
5. STREET ADDRESS	☐	☐	☐
6. CITY, ST, ZIP	☐	☐	☐
7. NAME	☐	☐	☐
8. STREET ADDRESS	☐	☐	☐
9. CITY, ST, ZIP	☐	☐	☐
10. NAME	☐	☐	☐
11. STREET ADDRESS	☐	☐	☐
12. CITY, ST, ZIP	☐	☐	☐
13. NAME	☐	☐	☐
14. STREET ADDRESS	☐	☐	☐
15. CITY, ST, ZIP	☐	☐	☐

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 registered or trusted 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 as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-16-96 (305) 445-4752
Dustin Frazier

CR2E034 (12/95)