

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **H80232** (2)

95 JAN 24 AM 10:16

1. Corporation Name
TULIPAN BAKERY, INC.

Principal Place of Business Mailing Address
% JOSE J. ALLIONE
704 BELVEDERE RD
WEST PALM BCH FL 33405-1100

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **10/10/1985** 3a. Date of Last Report **01/25/1994**
4. FEI Number **59-2599573** Applied For Not Applicable
5. Certificate of Status Desired \$9.75 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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Country 30

9. Name and Address of Current Registered Agent
ALLIONE, JOSE J.
704 BELVEDERE RD
WEST PALM BCH FL

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 Zip Code

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 Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS
TITLE PD
NAME **ALLIONE, JOSE J.**
STREET ADDRESS **23-87 GABRIEL LN**
CITY-ST-ZIP **W PALM BEACH FL**
TITLE S
NAME **ALLIONE, CYNTHIA**
STREET ADDRESS **2387 GABRIEL LANE**
CITY-ST-ZIP **WEST PALM BEACH FL**
TITLE **1796 PD**
NAME **WILLIAMS, STEVEN M.**
STREET ADDRESS **2387 GABRIEL LANE**
CITY-ST-ZIP **WEST PALM BEACH FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE **Vicepresident** Change Addition
1.2 NAME **Stella Allione**
1.3 STREET ADDRESS **2387 GABRIEL LANE**
1.4 CITY-ST-ZIP **WEST PALM BEACH FL 33406**
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information provided with this report voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(g), Florida Statutes. I further certify that the information indicated on this annual report is 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; that I am duly empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or not applicable, as the case may be.

SIGNATURE *Jose Allione* **Jose Allione** **1/18/95** **(407) 832-6107**
president Date (Type in three digits)