


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2004 08:00 AM
Secretary of State

DOCUMENT # K14026 1. Entity Name BROWARD-TULIP, INC.	
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Principal Place of Business 20501/2 HOLLYWOOD BLVD HOLLYWOOD, FL 33020 US	Mailing Address P.O. 1697 BLUEFIELD, WV 24701 US
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DO NOT WRITE IN THIS SPACE



01082004 No Chg-P CR2E034 (10/03)

4. FEI Number 54-1446502	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT CORNWELL, GARY 1815 JEFFERSON STREET BLUEFIELD, WV 24701
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS AMMAR, DEBRAH RIVERMONT DR BLUEFIELD, VA 24605
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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01/16/04-80020-024 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Gary Cornwell* 1/15/04 364-925-8152
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #