FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000002950 (9)

TULIP ENTERPRISES CORPORATION

FILED Feb 24 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					a journobe til 18:48 åtilt aben parin sam	i Baill Balin ilain ibibi	Billi Bali 1941
1401 N.E. 41ST STREET 1401 N.E. 41ST STREE POMPANO BEACH FL 33064 POMPANO BEACH FL 3					DO NOT WRITE IN	THIS SPACE	
					3. Date Incorporated or Qualified	THIS OF AGE	
					01/08/1996		i
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	TA	pplied For
21 26					65-0636148		ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						¢9.75	Additional
27					5. Certificate of Status Desired		equired
City & State		City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Z ip	Country	Ζφ	Zip Country		8. This corporation owes or has paid the current year Intangible		
24	25 29 30		30	Personal Property Tax due June 30. Yes No			
<u> </u>	9, Name and Address of Curre	nt Registered Agent			10. Name and Address of New Regis	tered Agent	
	ichaud, stephen l		В	1 Name			
1401 N.E. 41ST STREET			8:	2 Street Add	Iress (P.O. Box Number is Not Acceptable)		
PC	OMPANO BEACH FL 33084		L.				
			8	3			
			8	4 City		85 Zip	Code
				1	poration submits this statement for the purp	FL	
agent. I ar SIGNATURE	egistered agent, or both, in the State in familiar with and accept the oblig Signalure typed or punted name of registered ag	ations of, Section 607.0505, Flo	orida Statut	es.	ition's board of directors. I hereby accept the	ne appointment as	registered
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER	S AND DIRECTO	RS IN 12
TITLE	P	DELETE	11 TITLE			☐ Change	Addition
NAME	MICHAUD, STEPHEN L		1.2 NAMI	t I			
STREET ADDRESS	1401 NE 41ST STREET		13 STAE	ET ADDRESS	•		Į.
CITY-ST-ZIP	POMPANO BEACH FL		1.4 CITY	-ST-ZIP			
THTLE		☐ DELETE	2 1 TITLE			☐ Change	Addition
NAME			2.2 NAMI	E	2		
STREET ADDRESS			2.3 STRE	et address			1
CITY-ST-ZIP			2. 4 CITY				
TITLE		☐ DELETE	3.1 TITLE			Change	Addition
NAME			3.2 NAMI				Ì
STREET ADDRESS			3.3 STRE	ET ADORESS			
CITY-ST-ZIP		Districts	3.4. CITY			Oberes	Addition
TITLE		☐ DELETE	4.5 TITLE			Change	CT MODITION
NAME			4. 2 NAM	i			i
STREET ADDRESS				ET ADDRESS			l
CITY-SI-ZIP		DILETE	4.4 CITY			Change	☐ Addition
TITLE		□ vittit	5.1 TITLE			criarite	
NAME STREET ADDRESS			5.2 NAM!				
STREET ADDRESS				ET ADORESS			
CITY-ST-ZIP TITLE		DELETE	5.4 CITY- 6.1 TITLE			Change	Addition
NAME		LJ PILLIL	6.1 (III.E			ET OURSIGE	
STREET ADDRESS				ET ADDRESS			ļ
l f							
CITY-S1-ZIP	artify that the information supplied a	with this filma does not qualify fo	64 CITY		Section 119 07(3)(i) Florida Statutes I furl	ther certify that the	e information

Thereby corusy mature information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i). 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 receiver 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 on an attachment with an adverse.

SIGNATURE: