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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED
May 12, 2000 8:00 am
Secretary of State
05-12-2000 90056 033 ***150.00

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1. Corporation Name

TULIP ENTERPRISES CORPORATION

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Principal Place of Business	Mailing Address		a de la companya de l	*3 A.A.	En large 1 var	. 25	~	
101 N.E. 41ST STREET OMPANO BEACH FL 33064	1401 N.E. 41ST STREET POMPANO BEACH FL 33064		- Table 1		DO NOT WEI	FE IN THIS SPAC	`E	
				3. Date Inc	orporated or Qualifed	E IN THIS SPAC		
				01/08/	- 4			
Principal Place of Business	2a. Mailing Address			4. FEI Nun			App	lied For
	26			65-063	36148	1	Not	Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.				.1	·\$8	.75 A	dditional
1	27			5, Centificat	e of Status Desired *	F	ee Req	uired
City & State	City & State			6. Election	Campaign Financing	\$ <u>.</u>	5.00 N	May Be
 	28			Trust Fu	nd Contribution		dded to	Fees
Zip Country	Zip	Cou	ntry	8. This con	poration owes the curr	ent year Intangible	В	
25	29 3	0		Persona	l Property Tax.	☐ Ye	es [□No
Name and Address of Curre	ant Registered Agent			10. Name a	nd Address of New F	egistered Agent		_ _
MOUAUD OTEDUEN I			81 Name					
MICHAUD, STEPHEN L			82 Street Addres	ss (P.O. Box I	Number is Not Accepta	ible)		
1401 N.E. 41ST STREET	• •							
POMPANO BEACH FL 33064			83 .					
			84 City:			85	Zip C	ode
			Gity		1	FL "	p O	000
IGNATURE Support of printed name of registered as OFFICERS A	gent and title if applicable. (NOTE: ROAND DIRECTORS		Agent signature required v		NS/CHANGES TO OF	DATE FICERS AND DIR	ECTOF	RS IN 12
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REET ADDRESS		6.3 \$1	REET ADDRESS]			
TV ST 7/D	•	6.4 CI	TY-ST-ZIP		1			

14. I hereby certify that the information supplied with this filing does not qualify 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 trustee 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 address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE

Michaed 4/2/8

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