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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P9600009649 (0)

THE SILVER TULIP, INC.

Principal Place of Business

Mailing Address

FILED Feb 11 1997 8:00am Secretary of State

> Daytime Phone # 0528364



JONKERSBÖGJE THE NETHERDAI OC	11. 8501 GX JOURE NDS	JONKERSBOSJE 11, 8501 GX . THE NETWERLANDS OC	JOURÉ		
				3. Date Incorporated or Qualified 01/26/1996	3a. Date of Last Report
2. Principal Pl	lace of Business	2a, Mailing Address		4. FEI Number	Applied For
21 25	O NW 4TH DAGONA	26 250 NW 47 A	D. Agons	59-335849	Not Applicable
Suite, Apt.	#, etc. 3	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	CA RATON FL	City & State 28 BOCA RA	ton KI	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23 D 0 0	Country	Zip Zip	Country		
24	25	29 30	¬ -	This corporation has liability for Florida Statutes	No Ses No
24	9. Name and Address of Current I		1	10. Name and Address of New Re	<u> </u>
VAN DER MEULEN, TRIJNTJE C/O CENTURY 21 DYNASTY 2765 E OAKLAND PARK BLVD. FORT LAUDERDALE FL 93306 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 7 1 5 5 5 7 1 5 7 1 5 83					
			84 City Po	moons Beach	FL 85 Zip Code 33060
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 appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with.					
SIGNATURE Signature, typed or prifee made of registered agent and title- if applicable (NOTE Registered Agent signature required when reinstating) DATE Output Date Output Date Date					
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	DERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE		Change Addition
NAME	van der meulen, trijntje		1.2 NAME		01 44
STREET ADDRESS	JONKERSBOSJE 11, 8501 GX JC)URE	1.3 STREET ADDRESS	126 S. Cyptess Pompano Beach	Kd # 715
CITY-ST-ZIP	THE NETHERLANDS		1.4 CITY-ST-ZIP	PORTONO REACH	FL 33060
TITLE		DELETE	21 THLE		Change Addition
NAME			22 NAME		
STREET ADDRESS			23 STREET ADDRESS		
CITY-SI-ZIP			2 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3 1 TITLE		Change Addition
NAME			32 NAME		1
STREET ADDRESS			3.3 STREET ADDRESS		1
CITY-ST-ZIP			3.4. CITY+SY-ZIP		1
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		_
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE	<u> </u>	☐ DELETE	5.1 TITLE		Change Addition
NAME		,	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-71P			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME		-	6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
14. Ldo herek	I by certify that the information supplied	with this filing does not qualify fo	or the exemption s	tated in Section 119.07(3)(i), Florida Statute	es. 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.					