

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1998.
AMOUNT DUE ON OR BEFORE 8/9/98: \$225 (IF DISSOLVED, BUSINESS AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **P94000047757 (7)**

1. Corporation Name

GOLDEN PALMS TRAVEL & TRADE INC.

Principal Place of Business

**4940 BUSCH BLVD
BUSCH PLAZA
TAMPA FL 33617**

Mailing Address

**4940 BUSCH BLVD
BUSCH PLAZA
TAMPA FL 33617**

FILED
95 JUL 11 AM 9:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/27/1994

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

25 Suite, Apt. #, etc.

26 City & State

27 Zip

28 Country

4. FBI Number

59-3247561

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

6. This corporation has liability for intangible tax under s. 109.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**KURDI, TYSEER M
4940 BUSCH BLVD
BUSCH PLAZA
TAMPA FL 33617**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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

PT
TITLE
NAME **KURDI, TYSEER M**
STREET ADDRESS **1600 LONG ST**
CITY - ST - ZIP **CLEARWATER FL 34615**

VS
TITLE
NAME **KURDI, LINDA**
STREET ADDRESS **1600 LONG ST**
CITY - ST - ZIP **CLEARWATER FL 34615**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition
PT
1.1 TITLE
1.2 NAME **Kurdi, Tyseer M.**
1.3 STREET ADDRESS **5414 RIVER HILLS DR.**
1.4 CITY - ST - ZIP **Temple Terrace, FL 33617**

☒ Change ☐ Addition
VS
2.1 TITLE
2.2 NAME **Kurdi, Linda G.**
2.3 STREET ADDRESS **5414 RIVER HILLS DR.**
2.4 CITY - ST - ZIP **Temple Terrace, FL 33617**

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 supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(d), 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.

SIGNATURE:

T. Kurdi Tyseer M. Kurdi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/5/95
Date

813-899-0688
Daytime Phone #

CR2E034 (3/95)