

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

DOCUMENT # P96000069678

1. Corporation Name

LIBERTY INC OF TAMPA

Principal Place of Business

D/B/A NEW YORK GOLD
2234 UNIVERSITY MALL E FOWLER AVE
TAMPA FL 33612
US

Mailing Address

D/B/A NEW YORK GOLD
2234 UNIVERSITY MALL
TAMPA FL 33612
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

ALI, SALEEM A
2234 UNIVERSITY MALL
E. FOWLER AVE
TAMPA FL 33612

3. Date Incorporated or Qualified

08/19/1996

4. FEI Number

59-3395391

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

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

02/13/99

12. OFFICERS AND DIRECTORS

TITLE PS ☐ DELETE
NAME ALI, AZIZA S
STREET ADDRESS 2234 UNIVERSITY MALL E FOWLER AVE
CITY-ST-ZIP TAMPA FL 33612

TITLE SD ☐ DELETE
NAME ALI, SALEEM AICHTAR
STREET ADDRESS 2234 UNIVERSITY MALL, E. FOWLER AVE
CITY-ST-ZIP TAMPA FL 33612

TITLE VP ☒ DELETE
NAME SALEHANI, GULHUSSAIN
STREET ADDRESS 5006 BROMPTON DR, APT #B
CITY-ST-ZIP GREENSBORO NC 27407

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME V.P. SALEHANI - GULHUSSAIN
3.3 STREET ADDRESS 5006 BROMPTON DR APT B
3.4 CITY-ST-ZIP GREENSBORO N.C 27407

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 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/13/99

813977-1400

Date Daytime Phone #

CR2E034 (11/98)

2/20/99

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90110 004 ***150.00



DO NOT WRITE IN THIS SPACE