FILE NOW: FILING FEE AFTEI

PROFIT CORPORATION ANNUAL REPORT



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

199 7

DOCUMENT #
1. Corporation Name

P96000088000

GOPI ENTERPRISES, INC.

	F	ILED)
May	14	1997	8:00am
Sec	cret	ary of	f State

Principal Pla	ce of Business	Malling Address	·		
3849	99 CR - 54 East	20100 57 51	•		
1 -	hyrhills, FL 34248	38499 CR - 54 last			
		Zephyrhills, F	L 34248	3. Date Incorporated or Qualified	3a. Date of Last Report
i				10/24/1996	ba. Date of Last Hopoit
2. Principal	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 Rusi	n Food Store	26 Rush Food Sto	re	65-0700935	Not Applicable
Suite, Ap	t. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
	B Henderson Blvd.	27 3318 Henderso	n Blyd.	G. Costinodo of Cidios Doomod	Fee Required
City & Sta		City & State	۸۵	6. Election Campaign Financing	\$5.00 May Be
23 Tamp		28 Tampa, FL 336		Trust Fund Contribution	Added to Fees
Zip 24) 33609	Country 25 Hillsborough	Zip 29 33609 3	Country oHillsborou	8. This corporation has liability for in	
24	9. Name and Address of Current I		1	10. Name and Address of New Re-	
	*		81 Name		
Date	el, Baldev		P	atel, Baldev	
	99 CR - 54 East			ddress (P.O. Box Number is Not Acceptable 318 Henderson Blvd	<i>}</i>
	nyrhills, FL 34248		83	510 Henderson Bryd	
201	INTIMETER, IN SALAO		24		
i.	•		84 City	ampa	FL 85 Zip Code 33609
11. Pursuan	nt to the provisions of Sections 607.0502 at	nd 607.1508, Florida Statutes, 1	he above-named corr	poration submits this statement for the purp	ose of changing its registered office
or regist	tered agent, or both, in the State of Florida with, and accept the obligations of Cection	. Such change was authorized b • 607.0505. Florida Statutes.	by the corporation's b	oard of directors. I hereby accept the appoin	ntment as régistered agent. I am
SIGNATURE	Y				30.97
SIGNATURE	Signature, typed or printed hame of registered agent and	title if applicable (NOTE: F	Registered Agent signature req	urred when reinstating)	DATE
12.	OFFICERS AND I	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	D		1.1 TITLE	D	🔀 Change 🔲 Addition
NAME	Patel, Baldev		1.2 NAME	Patel, Baldev	4
STREET ADDRESS	38499 CR 54 East		1.3 STREET ADDRESS	3318 Henderson Blvd	
CITY-ST-ZIP	Zephyrhills, FL	34248	1.4 CITY-ST-ZIP	Tampa, F1 33679	
TITLE	D	☐ DELETE	2. 1 TITLE	Research	
NAME	Patel, Sita		2.2 NAME	Patel, Sita	
STREET ADDRESS	2329 Fern Place		2.3 STREET ADDRESS	3318 Henderson Blvd	
CITY-ST-ZIP TITLE	Tampa, FL 33604	☐ DELETE	2.4 CITY-ST-ZIP 3. 1 TITLE	Tampa, F1 33609	Change Addition
NAME		breene	3.2 NAME		
STREET ADDRESS			3.3. STREET ADDRESS		į
	`		3.4 CITY - ST - ZIP		
CITY-ST-ZIP		DELETE	4. 1 TITLE		Change Addition
NAME	1	<u></u>	4.2 NAME		
STREET ADDRESS	s		4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY+ST-ZIP		
TITLE		DELETE	5. 1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS	s I		5.3 STREET ADDRESS		İ
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6. 1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME	30000219 -05/27/970101	Q 84 3 05
STREET ADDRESS	s		63 STREET ADDRESS	-05/27/970101	2048 5/14/97
CITY-ST-ZIP			6.4 CITY-ST-ZIP	***165.00	
				y for the exemption stated in Section 119.0 urate and that my signature shall have the sa	
oath; the	at I am an officer or director of the corporal	tion or the receiver or trustee en	npowered to execute	this report as required by Chapter 607, Flor	ida Statutes; and that my name
appears	in Block 12 or Block 13 If changed, or on	an attachment with an address			

The state of the s

HED NAME OF BIONING OFFICER ON DIRECTOR

(813) 986-4986 *Daytime Phone #