

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

FILED

Sep 11 1997 8:00am
Secretary of State

Amended

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000088000
1. Corporation Name
GOPI ENTERPRISES, INC.

Principal Place of Business Rush Food Store 3318 Henderson Blvd. Tampa, FL 33609	Mailing Address Rush Food Store 3318 Henderson Blvd. Tampa, Florida 33609
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3. Date Incorporated or Qualified 10/24/1996	3a. Date of Last Report 4/97
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number 65-0700935	Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24. Country	29. Country		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Patel, Baldev
3318 Henderson Blvd.
Tampa, Florida 33609

81. Name Mahendra Patel
82. Street Address (P.O. Box Number is Not Acceptable) 3318 Henderson Blvd.
83. City Tampa
84. State FL
85. Zip Code 33609

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 *Mahendra Patel* **Mahendra Patel, President** **9-3-97**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Patel, Baldev		1.2 NAME Mahendra Patel	
STREET ADDRESS 3318 Henderson Blvd.		1.3 STREET ADDRESS 3318 Henderson Blvd.	
CITY-ST-ZIP Tampa, FL 33609		1.4 CITY-ST-ZIP Tampa, FL 33609	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Patel, Sita		2.2 NAME	
STREET ADDRESS 3318 Henderson Blvd.		2.3 STREET ADDRESS	
CITY-ST-ZIP Tampa, FL 33609		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS 000002290900	
CITY-ST-ZIP		5.4 CITY-ST-ZIP -03/11/97--01103--020	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS ***61.25	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Mahendra Patel* **Mahendra Patel, President** **9-3-97**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)

RAW
9-11-97