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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

P96000088000 (0)

GOPI ENTERPRISES, INC.

Principal P	lace of Bus	siness	

Mailing Address

FILED Mar 20 1998 8:00am Secretary of State



2/11/20

RUSH FOOD : 3318 HENDER	SON BLVD	RUSH FOOD STORE 3318 HENDERSON BLVD		DO NOT WRITE IN THIS SPACE			
TAMPA FL 33	609	TAMPA FL 33609		3. Date Incorporated or Qualified			
9 Principal Pl	ace of Business	2a. Mailing Address		10/24/1996 4. FEI Number Applied For			
	ace of obstitions	26 GOPI ENTE	ODVICES T				
Suite, Apt.	# etc	Suite, Apt. #, etc.	5Kh1/2K2/7	— CR 75 Additional			
22		27/1931 US 1-	IWY 3011	5. Certificate of Status Desired Fee Regulred			
City & State	9	City & State	1441 001	6. Election Campaign Financing \$5.00 May Be			
23		28 Thonotoso	1550	Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible			
24	25	29 33592 30	⊒ 1 6 6	Personal Property Tax due June 30. Yes No			
**	a. Name and Address of Curren		<u> </u>	10. Name and Address of New Registered Agent			
DAT							
			20 50	PATEL, MAHENDRA			
	8 HENDERSON BLVD.			Address (P.O. Box Number is Not Acceptable)			
IAN	APA FL 33609		83	451 72 UM 201 IV			
			**				
			84 City	Handa Carlo De Bo Zip Code			
			<u> </u>				
office or re	edistered agent, or both, in the State.	of Florida. Such change was auti	horized by the corr	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered			
agent. I a	m familiar with, and accept the obliga	itions of, Section 607.0505, Floric	da Statutes.	,			
SIGNATURE				· · · · · · · · · · · · · · · · · · ·			
	Signature, typed or printed name of registered age			e required when reinstating) DATE			
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	DELETE	1.1 TITLE	Change Addition			
NAME .	PATEL, MAHENDRA		1.2 NAME	PATEL, MAhendra			
STREET ADDRESS	3318 HENDERSON BLVD.		1.3 STREET ADDRESS	11931 US HWY 301 N			
CITY-ST-ZIP	TAMPA FL 33609		1.4 CITY - ST - ZIP	Thomolosassa. Fl 33592			
TITLE	D	☐ DELETÉ	2.1 TITLE	D Change ☐ Addition			
NAME	PATEL, SITA G		2.2 NAME	PATEL, SITA G.			
STREET ADDRESS	3318 HENDERSON BLVD	1	2.3 STREET ADDRESS	111031 US 11WV 301 N			
CITY-ST-ZIP	TAMPA FL 33609		2. 4 CITY-ST-ZIP	Thorotosassa, FL 33592			
TITLE		☐ DELE TE	3.1 TITLE	Change Addition			
NAME			3.2 NAME	·			
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4. CITY-ST-ZIP				
TITLE		☐ DELET E	4.1 TITLE	Change Addition			
NAME		_	4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 City-St-Zip				
TITLE		DELETE	5.1 TITLE	Change Addition			
i		pull percip	5.2 NAME				
NAME OTOTET ADDOCCO							
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP		☐ DELETE	5.4 CITY - ST - ZIP	☐ Change ☐ Addition			
TITLE		r-1 nereie	6.1 TITLE	Cuange Aboution			
NAME		!	6.2 NAME	·			
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY - ST - ZIP	- 1 - 0 - 2 - 10 07(0); Fl-11- 0 - 11 - 12 - 12 - 12 - 12 - 12 - 1			
14. I hereby o	14. Thereby 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 o	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.							