

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

FILED
Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90099 020 ***150.00

DOCUMENT # P96000088000

1. Corporation Name
GOPI ENTERPRISES, INC.

Principal Place of Business

**RUSH FOOD STORE
3318 HENDERSON BLVD
TAMPA FL 33609**

Mailing Address

**GOPI ENTERPRISES, INC.
11931 US HWY 301N
THONOTOSASSA FL 33592
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/24/1996

4. FEI Number

65-0700935

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

2. Principal Place of Business

21 809 N CITRUS AVE

Suite, Apt. #, etc.

2a. Mailing Address

26 809 N CITRUS AVE

Suite, Apt. #, etc.

City & State

23 CRYSTAL RIVER, FL

Zip

24 34428

Country

25 USA

City & State

28 CRYSTAL RIVER, FL

Zip

29 34428

Country

30 USA

9. Name and Address of Current Registered Agent

**PATEL, MAHENDRA
11931 US HWY 301 N
THONOTOSASSA FL 33592**

10. Name and Address of New Registered Agent

81 Name

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

9546 W ORCHARD ST # 3

83

84 City

CRYSTAL RIVER

85 Zip Code

FL 34428

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/5/99

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **PATEL, MAHENDRA**
STREET ADDRESS **11931 US HWY 301 N**
CITY-ST-ZIP **THONOTOSASSA FL 33592**

TITLE **D** ☐ DELETE

NAME **PATEL, SITA G**
STREET ADDRESS **11931 US HWY 301 N**
CITY-ST-ZIP **THONOTOSASSA FL 33592**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 **9546 W ORCHARD ST # 3**
1.4 CITY-ST-ZIP **CRYSTAL RIVER, FL 34428**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS **9546 W ORCHARD ST # 3**
2.4 CITY-ST-ZIP **CRYSTAL RIVER, FL 34428**

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 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:

M Patel
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/5/99 352-563-2717

CR2E034 (11/98)

0383022