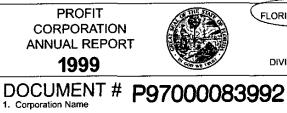
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

GOLD CUP ENTERPRISES, INC.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED Mar 23, 1999 8:00 am Secretary of State

03-23-1999 90010 006 ***150.00



				· 			
Principal Place of Business Mailing Address					i (\$30)000 310 (011) 1051 dalle puist anno béan serne (sirá caus serne		4 (A()
, , , , , , , , , , , , , , , , , , , ,		7437 BURNWAY DR					
ORLANDO FL 32819 ORLANDO FL		ORLANDO FL 32819	. 32819		DO NOT WRITE IN THIS SPACE		
		•			3. Date Incorporated or Qualifed		
					09/26/1997		İ
2. Principal Place of Business 2a. Mailing Address					4. FEI Number		Applied For
·		26	26		59-3469910		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired	1 1 7	75 Additional
2		27		<u> </u>	J. Certificate of Status Desired	F	e Required
City & State		City & State			6. Election Campaign Financing	1 1	.00 May Be
23	<u> </u>	28		 	Trust Fund Contribution	Ad	Ided to Fees
_ Zip ─	Country	Zip ,	Cou	ntry	8. This corporation owes the curre	ent year Intangible Yes⊟	
24	25	29	30		Personal Property Tax. 10. Name and Address of New R		
	9. Name and Address of Curr	eur Kedizreieg Adeiir		81 Name		ogiotorou y igoni	
LEE	, NOREEN				NOREEN_LES		
7437 BURNWAY DR				82 Street Addr	O BAY MEADOU	CROA?	
	ANDO FL 32819			83			
				X 50	7		
				84 City TA	CK.SOMUILLE	FL 85	Zip Code
11 Pursuant	to the provisions of Sections 607.0	502 and 607.1508. Florida Stat	utes, the a	hove nomina core	poration curreits this statement for the	nurnose of changi	ng its registered
office or	registered agent, or both, in the Sta	te of Florida. Such change was	authorized	by the corporation	on's board of directors. I hereby accep	t the appointment	as registered
		gations of, Section 607,0505, F	ionua Stat	ules,			
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable. (NC	TE: Registered	Agent signature require	d when reinstating)	DATE	
12.	OFFICERS A	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OF		
TITLE	P	☐ DELETE	1.1 11	r.E		□ Ch	ange
NAME	LEE, NOREEN	NOREEN 1.2		ME			
STREET ADDRESS	7437 BURNWAY DR		1.3 8	REET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32819 1.4 CF		TY-ST-ZIP				
TITLE	T	☐ DELETE	2,1 TI	TLE		□Ch	ange 🔲 Addition
NAME	WIN, TUN		2.2 N	WE			\
STREET ADDRESS			2.3 \$	REET ADDRESS			1
CITY-ST-ZIP	ORLANDO FL 32819		2.40	ITY-\$T-ZIP	<u> </u>		
TITLE		□ DELETE	.3.1.Tl		and the second second	Ch	ange Addition
NAME	1		3.2 N				
STREET ADDRESS	•		3.3 S	REET ADDRESS			
CITY-ST-ZIP				ITY-ST-ZIP		Ch	ange
TITLE		☐ DELETE	4.1 T				angeAddison }
NAME			4.21	1			
STREET ADDRESS	,			REET ADDRESS			
CITY-ST-ZIP				TY-ST-ZIP		□ Ch	ange Addition
TITLE		☐ DELETE	5.1 TI 5.2 N	I .		ЦС	unge CI Addition
NAME	j		1	REET ADDRESS			
STREET ADDRESS	; 		L	TY-ST-ZIP			
CITY-ST-ZIP			3.40	11 OI-ER			
TITLE		□ nei ete	6.1 T	TLE		□ Ch	ange
N1444E		☐ DELETE	6.1 TI 6.2 N	•		□ Ch	ange
NAME		☐ DELETE	6.2 N	•		С	ange Addition

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, pr on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP