Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90048 014 \*\*\*150.00

## 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

## DOCUMENT # P97000095323

1. Corporation Name

GOLD ISLAND, INC.

Principal Place	of Business	Mailing	Address		1 1001/100) TIB 18/11 1801/1 BOILL BOILL BOILL BOILL BOILL BOILE (DISC BILLE LINE LINE LINE LINE LINE LINE LINE
1700 INTERNATIONAL SPEEDWAY VOLUSIA MALL. 1700 INTERNATIONAL SPEEDWAY VOLUSIA MALL					
#104 #104					
DAYTONA BCH. FL 32114 DAYTONA BCH. FL 32114			NA BCH. FL 32114		DO NOT WRITE IN THIS SPACE
ı					3. Date Incorporated or Qualifed
					11/06/1997
2. Principal Pl	ace of Business	2a. Ma	iling Address		4. FEI Number Applied For
21		26 ;			59-3476793 - Not Applicable
Suite, Apt.	#, etc.	ļ <u>.</u>	te, Apt. #, etc.		5. Certificate of Status Desired
22		27			
City & State	•	<u> </u>	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
23		28		Causta	
Zip	Country	Zip	Г	Country	8. This corporation owes the current year Intangible Personal Property Tax
24	25	29		<u>                                     </u>	Personal Property Tax. Yes UNO  10. Name and Address of New Registered Agent
	9. Name and Address of Curren	t Kegistere	a Agent	81 Name	A. Raille and Address of New Augustics Agent
HUS	SEIN, BARKAT A			Ma	IIK Budhwani
1700 W INTERNATIONAL SPEEDWAY BLVD				82 Street	Address (P.O. Box Number is Not Acceptable)
MOLEGOIA MARE MAGA				83 1 / (	00 W. International Speedway Blue
DAYTONA BEACH FL 32114				U D	olusia Mall #104
1				84 City	Douton Reach FL 85 Zip Code
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 adent, or both, in the State of Florida. Such change was authorized by the corporation a 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.					
agent. I am Emiliar with and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE X M SAPET					
40	Signature, typed appropried name of registered ager OFFICERS AN			13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	D OFFICERS AIN	D DINECT	DELETE	1.1 TITLE	Director □ Change ☑ Addition
NAME	JUMANI, SOHAIL A			1.2 NAME	Mali K Budhwani
' -	6259 S NORCROSS TUCKER F	RD S-1	0	1.3 STREET ADDRESS	1700W. International Speeman#104
STREET ADDRESS	TUCKER GA 30084			1.4 CITY-ST-ZIP	Truthing Reach El 33114
CITY-ST-ZIP TITLE	D		DELETE	2.1 TITLE	Change Addition
NAME	AHMED, SYED B		4	2.2 NAME	-
	6259 S NORCROSS TUCKER F	RD S-1		2.3 STREET ADDRESS	
STREET ADDRESS	TUCKER GA 30084			2.4 CITY-ST-ZIP	
CITY-ST-ZIP	TOOKET OF SOUCH		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
				3,2 NAME	
NAME				3,3 STREET ADDRESS	
STREET ADDRESS				3.4. CITY-ST-ZIP	
CITY-ST-ZIP			☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
•				4, 2 NAME	
NAME 				4.3 STREET ADDRESS	
STREET ADDRESS					
CITY-ST-ZIP			☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	☐ Change ☐ Addition
				5.2 NAME	
NAME				5 3 STREET ADDRESS	
STREET ADDRESS				5.4 CITY-ST-ZIP	
CITY-ST-ZIP			☐ DELETE	6.1 TITLE	Change Addition
TITLE			בין טבניביב		

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 in changed, of on attatachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNING OFFICER OR DIRECTOR