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 # P98000082963 1. Corporation Name

GOLD PALACE, INC.

May 03, 1999 8:00 am Secretary of State

05-03-1999 90104 005 ***150.00



		•								
Principal Place of Business Mailing Address							I IBBILEBR IIN CALAT DEUT BOUT ENTEL OREN BANK	18410		
8201 SO. TAMIAMI TRAIL. #K-E 8201 SO. TAMIAMI TRAIL. #K-E				-E						
SARASOTA FL 34238 SARASOTA FL 34238							DO NOT WRITE IN THE	S SPACE		
							3. Date Incorporated or Qualifed			
							09/23/1998			
2. Principal Place of Business 2a. M			a. Mailing Address				4. FEI Number	App	lied For	
21		26					59-3538180	Not	Applicable	
Suite, Apt.	#, etc.	Suite, Ap	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 A		
22		27	27				J. Certificate of Citatos Doorloo	Fee Red	quired	
City & State	e	City & St	City & State				6. Election Campaign Financing	\$5.00	- 1	
23		28					Trust Fund Contribution	Added to	Fees	
Zíp	Country	Zip Cou			У		8. This corporation owes the current year Intangible			
4 25 29 30			<u> </u>		Personal Property Tax.			□1µ0		
	9. Name and Address of Currer	t Registered Age	ent	81		Name	10. Name and Address of New Registered	Agent		
MURADALI, FAROOQ J				"	'	Hallie				
8201 SO. TAMIAMI TRAIL, #K-E				82	82 Street Address (P.O. Box Number is Not Acceptable)					
SARASOTA FL 34238				-	+					
SANASUTA FL 34236				83	'					
				84	1	City	<u></u>	85 Zip C	ode	
							FI		- mintornal	
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such cl	hange was auth	orized by	/ th	named corpo ne corporatio	oration submits this statement for the purpose on's board of directors. I hereby accept the appo	or changing its initiment as reg	istered	
SIGNATURE										
40	Signature, typed or printed name of registered age		(NOTE: Re	gistered Age	ent s	signature required	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12	
12.	D OFFICERS AN	ID DIRECTORS	DELETE	1.1 TITLE		D		4⊒Change	Addition	
TITLE			1.2 NAME	NAME MI		IRADALI PAROOD J	0			
NAME	MOTADALI, I AITOGU G					יייי ו	RESS 3123 CAUTHEN CREEK			
STREET ADDRESS	77 17. 11. 11. 11. 11. 1. 2.2			1.3 STREE		UDRESS J	3123 CAUTHEN CREEK MELBOURNE, PC-32935			
CITY-ST-ZIP	MELBOURNE FL 32935		DELETE	1.4 CITY- 5 2.1 TITLE	\$1-2	ZIP ///	EUROURNE, TE JETS	Change	Addition	
TITLE	D	L	") OELEIE			\mathcal{L}	WOOD ALL NAZNEEN F	El eliande		
NAME	MURADALI, NAZNEEN F	20		2.2 NAME			URADALI NAZNEEN F 23 CAUTHEN CREEK			
STREET ADDRESS	474 N. WICKHAM RD., APT. 20	02	_	2.3 STREE		UDIKESS 3/	ELBOURNE, PL-32935			
CITY-ST-ZIP	MELBOURNE FL 32935	- - -	DELETE	2. 4 CITY-1	51-	-ZIP ///	ELBUURNE, FE 12/33	☐ Change	[] Addition	
TITLE		L	T DEFEIG	· -						
NAME				32 NAME						
STREET ADDRESS				3 3 STREE	ET A	ADDRESS			1	

6.4 CITY-ST-ZIP 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.

3.4. CITY-ST-ZIP

4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME

TITLE

NAME

TITLE

NAME

☐ DELETE

DELETE

☐ DELETE

407-726-0005

Change

☐ Change

☐ Change

☐ Addition

☐ Addition

Addition