FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000004687 (8)

1. Corporation Name
GOLDEN RAY, INC.

Principal Place of Business
128 MONTICELLO DR.
SYRACUSE NY 13205

Mailing Address
128 MONTICELLO DR.
SYRACUSE NY 13205

2. Principal Place of Business
21 2323 Alpine Ave
Suite, Apt. #, etc.
22
City & State
23 SARASOTA FL
Zip
24 34239
County
25 SARA.

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
County
30

3. Date Incorporated or Qualified
09/25/1995

3a. Date of Last Report

4. FEI Number
16-1485515
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 has liability for intangible tax under s. 199.032, Florida Statutes [ ] Yes [■] No

9. Name and Address of Current Registered Agent
HART, CHRISTINE
2323 ALPINE AVE.
SARASOTA FL 34239

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Section 607.0505 and Ch. 1996, 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

12. OFFICERS AND DIRECTORS

TITLE	PD	[ ] DELETE
NAME	HART, CHRISTINE	
STREET ADDRESS	2323 ALPINE AVE.	
CITY, ST, ZIP	SARASOTA FL 34239	
TITLE	STD	[ ] DELETE
NAME	KESER, CHRISTOPHER	
STREET ADDRESS	128 MONTICELLO DR.	
CITY, ST, ZIP	SYRACUSE NY 13205	
TITLE	VD	[ ] DELETE
NAME	NITSCH, J L	
STREET ADDRESS	110 HAMPSHIRE RD.	
CITY, ST, ZIP	SYRACUSE NY 13203	
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

11 TITLE	[ ] Change [ ] Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	[ ] Change [ ] Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	[ ] Change [ ] Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	[ ] Change [ ] Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	[ ] Change [ ] Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	[ ] Change [ ] Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information indicated on this report or supplemental 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 is entered in Block 11 or Block 14 if a new officer or director.

SIGNATURE: Christine P. Hart
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/96
Date

941-362-8885
Daytime Phone #