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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 28 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000004687 (8)

GOLDEN RAY, INC.

Malling Address					{					
Principal Piace of Business Mailing Address							*****	*****	* 1997 1991	
2323 ALPINE AT SARASOTA FL		128 MONTICELLO DR. SYRACUSE NY 13205	128 MONTICELLO DR.							
US	34238	OTHINOUSE WI TORGO								
						3. Date Incorporated or Qualified 09/25/1995	1	ate of Last F 19/1996	Report	
2. Principal Pl	lace of Business	2a. Mailing Address			·- · · · · · · · · · · · · · · · · · ·	4. FEI Number			pplied For	
21		26	26			16-1485515	Not Applicable			
Suite, Apt	#, etc	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional	
22		27						Fee Re	equired	
City & State	е	· · ·	City & State			6. Election Campaign Financing	· • • • • • • • • • • • • • • • • • • •			
23			28		Trust Fund Contribution	<u> </u>		to Fees		
Z)p	Country Zip		├ ──	Country		8. This corporation has liability for intangible tax under s. 199.032. Florida Statutes Yes No			s. 199.032,	
24	25 29 30 30 30 30 30 30 30		30	<u>"1 </u>		Florida Statutes				
LIAD				B1	Name	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
HART, CHRISTINE										
	ALPINE AVE.		1	82	Street A	ddress (P.O. Box Number is Not Acceptab	le)			
) SAN	ASOTA FL 34239		h.	83						
			[9	84	City		FL	85 Zip	Code	
44 Pursuant t	to the provisions of Sections 607	7 0502 and 607 1508 Florida Statu	iles the sh		- hamen-	ornoration submits this statement for the n		f changing i	ts registered	
office or re	egistered agent, or both, in the	State of Florida. Such change was	authorized	by	the corpo	orporation submits this statement for the p oration's board of directors. I hereby accep	t the app	ointment as	registered	
agent tai	m familiar with, and accept the o	obligations of, Section 607.0505, F	lorida Statu	tes	te :					
SIGNATURE	Stgnature, typed or printed name of register	od around and title if anylocable (NC	TF: Rogistered	Ane	nt pionalure n	equired when reinstating)	DATE			
12.		S AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC		DIRECTOR	RS IN 12	
TITLE	PD	DELETE	1.1 TITL	LE				Change	Addition	
NAME	HART, CHRISTINE		1.2 NAM	ME						
STREET ADDRESS	2323 ALPINE AVE		1.3 STR	EET	ADDRESS					
CITY-ST-ZIP	SARASOTA FL 34239		1.4 CIT	Y-51	T-ZIP					
TITLE	STD	DELETE	2.1 TITL	_				Change	Addition	
NAME	Keser, Christopher		22 NA	VIE						
STREET ADDRESS	128 MONTICELLO DR.		23 STR	EET	ADDRESS					
CHY-SL-ZIF	SYRACUSE NY 13205		2 4 CiT	ry-S	ST - ZIP		2.00			
1111.6	VD	DELETE	31 TIT	LE				Change	Addition	
NAME	NITSCH, J L		32 NA	ME						
STREET ADDRESS	110 HAMPSHIRE RD.		33 STR	REET	ADDRESS					
CHY-SI-7IC	SYRACUSE NY 13203		3.4. C/T	[Y - S	ST-ZIP					
TITLE		☐ DELETE	4.1 TITI	LE				Change	Addition	
NAME			4. 2 NA	ME						
STHEET AUDRESS			4.3 STR	REET	ADORESS					
CITY - \$1 - 7)P			4.4 CIT	Y-S	T-21P					
HUE		☐ DELETE	5.1 TITI	LE		***************************************		Change	Addition	
NAME			5.2 NA	ME	1					
STREET ADDRESS			5.3 STP	RET	ADDRESS					
CITY - ST - ZIP			5.4 CIT	Y-\$	T-ZIP					
TITLE		☐ DELETE	6.1 TITE	LE				Change	Addition	
NAME			6.2 NA	ME						
STREET ADORESS			6.3 STF	REET	ADDRESS					
CHTY-\$1-ZIP			6.4 CfT							
Ad Lala base	by certify that the information su	oplied with this filing does not qua	lily for the e	эхе	mption sta	ated in Section 119.07(3)(i), Florida Statute	s. I furthe	r certify tha	t the	
l am an o	m maleated on this annual repor Micer or director of the corporati	n or supplemental annual report is ion or the receiver or trustee empo	yered to e	Xec	nate and t ote this re	that my signature shall have the same lega sport as required by Chapter 607, Florida S	tatutes; a	and that my	name	