

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L79258** (4)

1. Corporation Name

GOLDONI SOUTH, INC.



Principal Place of Business

**29870 US HWY 19 N
CLEARWATER FL 34621
US**

Mailing Address

**1597 VIRGINIA AVENUE
PALM HARBOR FL 34683**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **29870 US 19 N**

22 City & State

27 City & State

23 Zip

Country

28 **Clearwater, FL**

24 Zip

Country

29 **34621**

30 **USA**

9. Name and Address of Current Registered Agent

**MARKS, LEONARD H.
201 E. KENNEDY
SUITE 1516
TAMPA FL 33602**

3. Date Incorporated or Qualified
06/07/1990

3a. Date of Last Report
05/01/1995

4. FEI Number

59-3024726

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

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 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 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

Signature typed or printed name of registered agent and, if not applicable,

(NOTE: Registered Agent signature required when making a change)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **DP
GOLDONI, FRANK**
STREET ADDRESS **1597 VIRGINIA AVE**
CITY-ST-ZIP **PALM HARBOR FL**

TITLE ☐ DELETE

NAME **DST
GOLDONI, NANCY**
STREET ADDRESS **1597 VIRGINIA AVE**
CITY-ST-ZIP **PALM HARBOR FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**29870 US 19 N
Clearwater, FL 34621**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

**29870 US 19 N
Clearwater, FL 34621**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Nancy Goldoni

Nancy Goldoni

Feb. 23/96

(813)785661

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)