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

PROFIT CORPORATION ANNUAL REPORT



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

1996 DOCUMENT #
1. Corporation Name

P93000071732 (0)

GOLDEN RING ENTERTAINMENT CO., INC.

Principal Place	of Business	Mailing Address				iir 40 00 60 00 1 900 1900 100) 8 2 (
201 S. ORANGE AVE. 1708 OAKWOOD AVE							
SUITE 300	ti annoi	VENICE FL 90291					
ORLANDO F US	-L 32801	US			3. Date Incorporated or Qualified	3a. Date of Last Re	eport
					10/11/1993	04/19/19	95
2. Principal Place of Business		2a. Mailing Address	a. Mailing Address		4. FEI Number		Applied For
21		26			65-0455154		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	n ' '		5. Certificate of Status Desired	, , , , , , , , , , , , , , , , , , ,	Additional
22 City & State		27	City & State			Fee I	Required
23		28	¬ ′		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Country		8. This corporation has liability for		
24	25	⊢ ¬ `	30	,		intengicie tax under s i □ No	133,002,
	9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
			81	Name			
RUMBERGER, E T				Street Adv	dress (P.O. Box Number is Not Acceptal	nlo)	
	ORANGE AVE.		82	Direct Add	areas (Fixe. Box (terriser is 11st 21step)	310)	
SUITE	300		83				
ORLAN	DO FL 32802	•	84	City		85 Zi	p Code
				,			
11. Pursuant to	o the provisions of Sections 607.0502	and 607.1508, Florida Statutes	the above	named corpo	oration submits this statement for the pu ard of directors. I hereby accept the app	rpose of changing its r	egistered office
familiar wit	h, and accept the obligations of, Secti	on 607.0505, Florida Statutes.	Dy the corp	ioration 5 boi	and of directors. Thereby accept the app	ommer i as registereo	agent. Lam
SIGNATURE _							
12.	Signature, typed or printed name of registered agent			nt signature requi	ed when resistatings	DATE	DO IN 40
TITLE	OFFICERS AND	DELETE	13.		ADDITIONS/CHANGES TO OF	Change	Addition
NAME	HETH, PAUL B		1.2 NAME			Change	Add:tion
STREET ADDRESS	1708 OAKWOOD AVE		1.3 STREET ADDRESS				
CITY-ST-ZIP	VENICA CA		1.4 CHY-				
TITLE	D DELETE		2 1 TITLE	31-21		☐ Change	☐ Addition
NAME	RUMBERGER, E T JR		2.2 NAME				
STREET ADDRESS	201 S. ORANGE AVE., SUITI	E 300		I ADDRESS			
CITY-ST-ZIP	ORLANDO FL		2 4 City-				
TITLE	POEO DELETE		3 1 TITLE			Addition	
NAME	MARKOVICH, RAYMOND J		3.2 NAME				
STREET ADDRESS	ADDRESS 163 PARIS RD		3.3. STREE	I ADDRESS			
CITY-ST-ZIP	NEW HARTFORD NY		34 CHY-	ST-ZIP			
TITLE	_		4 1 TITLE			Change	Addition
NAME	BEDDINGFIELD, G. RICHARD		4.2 NAME				
STREET ADDRESS	1708 OAKWOOD AVE.		4.3 STREE	I ADDRESS			
CITY-ST-ZIP	VENICE CA	Fil DEL CIT	44 City-	ST-ZIP			
TITLE		☐ DELETE	5 1 TITLE			Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS				ADDRESS			
CITY - ST - ZIP		["] nerete	5.4 CHY-1	ST-ZIP		C Observe	T Addition
TITLE		DELETE	6 1 TITLE			Change	Addition
NAME			62 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP 14. I do hereb	v certify that the information supplied v	vith this filing is voluntably furnish	64 CHY-		for the exemption stated in Section 119	.07(3)(k). Florida Statut	es. 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 regiver or trustee empowered to execute this report as required by Chapter 607, Florida Stalutes; and that my name appears in Block 12 or Block 13 if changes, or can attack high twin an address.

SIGNATURE:

SIGNING OFFICER OR DIRECTOR

25 JAN, 1996