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Mar 10 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000015982 (8)

1. Corporation Name  
GOLDONI GOLDCOAST, INC.



Principal Place of Business

6599 N FED HWY  
BOCA RATON FL 33487  
US

Mailing Address

29870 U.S. HIGHWAY 19 NORTH  
CLEARWATER FL 34621-1531

3. Date Incorporated or Qualified

02/24/1995

3a. Date of Last Report

03/06/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 5410 Pioneer Pk. Blvd.

27 Suite, Apt. #, etc.

27 Ste. D & E

28 City & State

28 Tampa, FL

29 Zip

29 33634

30 Country

USA

4. FEI Number

59-3298617

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

MARKS, LEONARD H  
201 EAST KENNEDY BLVD., STE. 1516  
TAMPA FL 33602

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME GOLDONI, FRANK  
STREET ADDRESS 29870 U.S. HIGHWAY 19 NORTH  
CITY-ST-ZIP CLEARWATER FL

TITLE DV ☐ DELETE

NAME GOLDONI, BRIAN  
STREET ADDRESS 29870 U.S. HIGHWAY 19 NORTH  
CITY-ST-ZIP CLEARWATER FL

TITLE S ☐ DELETE

NAME GOLDONI, NANCY  
STREET ADDRESS 29870 US 19 N  
CITY-ST-ZIP CLEARWATER 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS 5410 Pioneer Pk. Blvd., Ste.D&E  
1.4 CITY-ST-ZIP Tampa, FL 33634

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS 5410 Pioneer Pk. Blvd., Ste.D&E  
2.4 CITY-ST-ZIP Tampa, FL 33634

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS 5410 Pioneer Pk. Blvd., Ste.D&E  
3.4 CITY-ST-ZIP Tampa, FL 33634

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 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

SIGNATURE:

Nancy Goldoni 2/27/97 (813) 882-4303

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)