

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

FILED

May 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000015990 (1)**

1. Corporation Name
RAYGOLD, INC.

Principal Place of Business 3889 MORTLAKE BLVD PALM BEACH GARDENS FL 33434 US	Mailing Address 29870 U.S. HWY 19 NORTH CLEARWATER FL 34621-1531
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/24/1995	3a. Date of Last Report 03/06/1996
21 Suite, Apt. #, etc.	26 5410 Pioneer Pk. Blvd.	4. FEI Number 59-3298615	Applied For Not Applicable		
22 City & State	27 Ste. D & E	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
23 Zip	28 Tampa, FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
24 Country	29 33634	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
25 Country	30 USA				

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDONI, FRANK	1.2 NAME	
STREET ADDRESS	29870 U.S. HWY 19 NORTH	1.3 STREET ADDRESS	5410 Pioneer Pk. Blvd. Ste. D & E
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	Tampa, FL 33634
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDONI, BRIAN	2.2 NAME	
STREET ADDRESS	29870 U.S. HWY 19 NORTH	2.3 STREET ADDRESS	5410 Pioneer Pk. Blvd. Ste. D & E
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	Tampa, FL 33634
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDONI, NANCY	3.2 NAME	
STREET ADDRESS	29870 US 19 N	3.3 STREET ADDRESS	5410 Pioneer Pk. Blvd. Ste. D & E
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP	Tampa, FL 33634
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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* **Nancy Goldoni** 4/30/97 (813) 882-4303

CR2E034 (9/96)