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

PROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000015990 (1) RAVGOLD INC

FILED Feb 13 1998 8:00am Secretary of State

naido	, IIIO.						
Principal Plac	ee of Business	Mading Address				<u> </u>	
3889 MORTHL		5410 PIONEER PK BLVD					
	GARDENS FL 33434	D & E					
US		TAMPA FL 33634			DO NOT WRITE IN THIS SPACE		
		US			3. Date Incorporated or Qualified		
O Dissipal Disse of Decimals				 	02/24/1995		
2. Principal Place of Business 21 5410 Pioneer Pk. Blvd.		2a. Mailing Address			4. FEI Number	— – –	plied For
Suite, Apt. #, etc		Suite. Apt. #, etc			59-3298615		t Applicable
22 D9-E		27			5. Certificate of Status Desired	\$8.75 A Fee Red	
City & Stat	0 _	City & State			6. Election Campaign Financing	\$5.00	•
23 Tam	ipa, FL	28			Trust Fund Contribution	Added to	
Zip Criuritry		Zip	Countr	y	8. This corporation owes or has paid the o		
24 334	34 25 USA		30		Personal Property Tax due June 30.		No
	g. Name and Address of Current	Registered Agent		1	10, Name and Address of New Registere	d Agent	
MA:	rks, Leonard H		81	Name			
	i <mark>east kenne</mark> dy blvd., ste. 15	16	82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
TAI	MPA FL 33602			<u> </u>			
			83	1			
			84	City		85 Zip C	ode
				<u> </u>	F	L ``	
11. Pursuant office or r	to the provisions of Sections 607,0503 registered agent, or both, in the State (' and 607-1508, Florida Statute of Florida: Such change was a	es, the abov authorized b	re-named corp v the corporat	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	of changing its pointment as r	registered registered
agent la	im familiar with, and accept the obliga	tions of, Section 607.0505, Flo	orida Statute	8.		•	
SIGNATURE.	Signature, typed or product run or throught not injure	ANGEL	Consistence As		red when reinstating) DATE		
12.	OFFICERS AND		13.	ient signature requi	ADDITIONS/CHANGES TO OFFICERS AI	NO DIRECTOR	\$ IN 12
TITLE	DP	DELETE	1.1 TITLE		ADDITIONAL TO OTHER PARTY	☐ Change	Addition
NAME	GOLDONI, FRANK		1.2 NAME			_	
STREET ADDRESS 5410 PIONEER PK BLVD. SUITE D & E			1.3 STREE	T ADDRESS			
CITY-ST-ZIP	TAMPA FL		1.4 CITY-	1			
TITLE	DV	☐ DELFTE	2.1 TITLE	-		Change	Addition
NAME	GOLDONI, BRIAN		2.2 NAME				
STREET ADDRESS 5410 PIONNER PK BLVD. STE D & E			2 3 \$1REE	T ADDRESS			
CITY-ST-ZIP	TAMPA FL		2. 4 CITY	ST-ZIP			
TITLE	S	☐ DELE1E	3 1 TITLE			Change	Addition
NAME	GOLDONI, NANCY		9.2 NAME				
STREET ADDRESS	5410 PIONEER PK BLVD. STE	D & E	3 3 STREE	T ADDRESS			
CITY-ST-ZIP	TAMPA FL		34 CITY-	ST-ZIP			
TITLE		☐ DELETE	41 TITLE			Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP			4 4 CI1Y-	ST-ZIP			
TITLE		DELETE	5 1 TITLE			Change	Addition
NAME			5.2 NAME	1			
STREET ADDRESS			53 STREE	T ADDRESS			
CITY - ST - ZIP			54 CITY-	SY-ZIP			
TITLE		DELFIE	61 TITLE			☐ Change	Addition
NAME			62 NAME	İ			
STREET ADDRESS			63 STREE	T ADDRESS			

4. Thereby 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 suppliemental 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 comparation or the receiver or trustee employeed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter, or or an attachment part at address.