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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #	P95000015990
1 Corneration Name	1 00000010000

RAYGOLD, INC.

Principal Place of Business	Mailing Address		
5410 PIONEER PK. BLVD	5410 PIONEER PK BLVD		
0 & e	D & E		
Tampa Fl 33634	TAMPA FL 33634		
US	US		

FILED Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90080 027 ***158.75



5410 PIONEER PK. BLVD 0 & E 0 & E 1 TAMPA FL 33634 US 2a. Malling Address 2b. Malling Address 2c. Principal Place of Business 2c. Principal Place of Poperated of Control Place	Fillicipal Flace of Dusiness	Maining Madress					
2a. Mailing Address 2b. Principal Place of Business 2c. Principal Place of Business 2c. Principal Place of Business 2d. Mailing Address 2d. Mailing Address 2d. Principal Place of Business 2d. Applied For Sp-3298615 Suite, Apt. #, etc. 27 City & State 27 City & State 28 City & State 28 Country 2ip 2ountry 2ip 2ountry 2ip 2ountry 2ip 2ountry 30 Personal Property Tax. 9. Name and Address of Current Registered Agent MARKS, LEONARD H 201 EAST KENNEDY BLVD., STE. 1516 TAMPA FL 33602 Applied For Not Applicate Sp-3298615 Not Applied For Not Applicate Sp-3298615 Street Address of Status Desired 5. Certifcate of Statu	D & E D & E			DO NOT WRITE IN THIS SPACE			
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Zip Country Zip Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Suite, Apt. #, etc. City & State City & State Suite, Apt. #, etc. City & State City & State Suite, Apt. #, etc. City & State City & State Suite, Apt. #, etc. City & State City & State City & State Suite, Apt. #, etc. City & State City & State City & State Suite, Apt. #, etc. Suite of Status Desired Fee Required Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. Suite of Status Desired	US	U\$,			
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Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Zip Country All Suite, Apt. #, etc. City & State City & State City & State Suite, Apt. #, etc. City & State City & State City & State Suite, Apt. #, etc. City & State City & State City & State Suite, Apt. #, etc. City & State City & State City & State City & State Country 8. This corporation owes the current year Intangible Personal Property Tax. Yes Who 9. Name and Address of Current Registered Agent MARKS, LEONARD H 201 EAST KENNEDY BLVD., STE. 1516 TAMPA FL 33602 84 City FL 85 Zip Code	ન	26		59-3298615 Not Applicat	ole		
City & State City & State 28 City & State 28 City & State 28 Country Zip Country 49 9. Name and Address of Current Registered Agent MARKS, LEONARD H 201 EAST KENNEDY BLVD., STE. 1516 TAMPA FL 33602 6. Election Campaign Financing Trust Fund Contribution 8. This corporation owes the current year Intangible Personal Property Tax. 9. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Et Name Registered Agent Registered Agen	Suite, Apt. #, etc.	Suite, Apt. #, etc.		\$8.75 Additional			
Zip Country Zip Country 30 Personal Property Tax. Yes Who 9. Name and Address of Current Registered Agent MARKS, LEONARD H 201 EAST KENNEDY BLVD., STE. 1516 TAMPA FL 33602 84 City Registered Agent 85 Zip Code	¬ ·	City & State		-			
MARKS, LEONARD H 201 EAST KENNEDY BLVD., STE. 1516 TAMPA FL 33602 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 FL 85 Zip Code	Zip Country	— ` —	ountry				
MARKS, LEONARD H 201 EAST KENNEDY BLVD., STE. 1516 TAMPA FL 33602 82 Street Address (P.O. Box Number is Not Acceptable) 83 FL 85 Zip Code	9. Name and Address of C	urrent Registered Agent		10. Name and Address of New Registered Agent			
201 EAST KENNEDY BLVD., STE. 1516 TAMPA FL 33602 82 Street Address (P.O. Box Number is Not Acceptable) 83 FL 85 Zip Code	MARKS LEONARD H		81 Name				
84 City FL 85 Zip Code	201 EAST KENNEDY BLVD., STE. 1516						
T T T T T T T T T T							
44. Demonstration of Continue CO7 0503 and 607 1509. Elevido Statutes, the above named corneration submits this statement for the ourross of changing its registered			84 City	FL 85 Zip Code			
11. Pursuant to the provisions of Sections 607.0502 allo 607.1506, Florida Statutes, the above-hained corporation substitute to registered	11. Pursuant to the provisions of Sections 60	7.0502 and 607.1508, Florida Statutes, the	above-named	corporation submits this statement for the purpose of changing its registere	3		

office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby

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: Re	per enutangie tragga Agent	ruired when reinstating)	DATE	
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTOR	RS IN 12
TITLE	DP	DELETE	1.1 TITLE	•	☐ Change	Addition
NAME .	GOLDONI, FRANK		1.2 NAME			
STREET ADDRESS	5410 PIONEER PK BLVD. SUITE D & E		1.3 STREET ADDRESS			Ì
CITY+ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP			
TITLE	DV	DELETE	2.1 TITLE		☐ Change	Addition
NAME .	GOLDONI, BRIAN		2.2 NAME			(
STREET ADDRESS	5410 PIONNER PK BLVD. STE D & E		2.3 STREET ADDRESS	•		
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP	·	<u></u> ,	
TITLE	S .	DELETE .	3.1 TITLE		☐ Change	Addition (
NAME	GOLDONI, NANCY		3.2 NAME			
STREET ADORESS	5410 PIONEER PK BLVD. STE D & E		3.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL		3.4. CITY-ST-ZIP			
TITLE	;	DELETE	4.1 TITLE		☐ Change	Addition
NAME	•		4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS		·	
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		DELETE .	5.1 TITLE		Change	☐ Addition
NAME			5.2 NAME	•		
STREET ADDRESS	**		5.3 STREET ADDRESS	·		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		<u> </u>	
TITLE] DELETE	6.1 TITLE	·	☐ Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP			
44 I horoby o	ertify that the information supplied with this filing does n	of qualify for the	e evemntion stated i	in Section 119 07(3)(i). Florida Statutes.	i turiner certify that the in	rormation

I nereby 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 thanged, or on an attachment with an address, with all other like empowered.