~~ND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.~~
~~...T DUE ON OR BEFORE 09/15/99: $560 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE, $750).~~

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 OCT -4 AM 9:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 666032 ✓

1. Corporation Name
KEYCLUB.NET, INC.

Principal Place of Business	Mailing Address
~~5020 ROSAMOND DR #2602~~ ~~ORLANDO FL 32809~~	101 EAST PARK BLVD. SUITE 711 PLANO TX 75074

9/20/99 90007 046 #555.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 101 EAST PARK BLVD.	2a. Mailing Address 26
Suite, Apt. #, etc. 22 711	Suite, Apt. #, etc. 27
City & State 23 PLANO TEXAS	City & State 28
Zip / Country 24 75074 / 25 USA	Zip / Country 29 / 30

3. Date Incorporated or Qualified: 04/07/1999
4. FEI Number: ~~APPLIED FOR~~ 75-2792660 ☒ 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
7. This corporation owes the current year Intangible Personal Property. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CORPORATE CREATIONS ENTERPRISES INC. 941 FOURTH STREET #200 MIAMI BEACH FL 33139	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~PD~~ ☒ DELETE	1.1 TITLE	PD ☐ Change ☒ Addition
NAME	~~CAMILLO, JOSEPH~~	1.2 NAME	BOONEN, PETER J
STREET ADDRESS	~~5020 ROSAMOND DR #2602~~	1.3 STREET ADDRESS	601 WEST BROADWAY STE 400
CITY-ST-ZIP	~~ORLANDO FL 32809~~	1.4 CITY-ST-ZIP	VANCOUVER BC V5Z4C
TITLE	☐ DELETE	2.1 TITLE	CSTD ☐ Change ☒ Addition
NAME		2.2 NAME	EVANS, BARRY L
STREET ADDRESS		2.3 STREET ADDRESS	101 EAST PARK BLVD, STE 711
CITY-ST-ZIP		2.4 CITY-ST-ZIP	PLANO TX 75074
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		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	
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	

CR2E034 (5/99)

14. I 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: SIGNATURE REQUIRED 9-18-99 972.638865
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

KE