FILE NOW: FILING FEE AFTER MAY 1 IS $150.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 APR 19 AM 8:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 713894 (4)

1. Corporation Name
GOLD KEY CLUB, INC.

Principal Place of Business	Mailing Address
2801 N.W. 68TH AVE. SUNRISE FL 33313	2801 N.W. 68TH AVE. SUNRISE FL 33313

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/29/1967
3a. Date of Last Report: 04/18/1994
4. FEI Number: 59-1514608 ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

ERICKSON, ANNA L
2799 NORTH WEST 68TH AVENUE
SUNRISE FL 33313

10. Name and Address of New Registered Agent

31 Name: BARNETT, ROBERT
32 Street Address (P.O. Box Number is Not Acceptable): 6886 N.W. 28th STREET
33
34 City: SUNRISE FL 35 Zip Code: 33313

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] ROBERT BARNETT, PRESIDENT GOLD KEY CLUB, INC. 04/12/95
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	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	ERICKSON, ANNA L	1.2 NAME	BARNETT, ROBERT	
STREET ADDRESS	2799NW 68TH AVE.	1.3 STREET ADDRESS	6886 N.W.28th STREET	
CITY-ST-ZIP	SUNRISE FL 33313-2022	1.4 CITY-ST-ZIP	SUNRISE, FL 33313-2022	
TITLE	TD	2.1 TITLE	TD	☒ Change ☐ Addition
NAME	SORENSEN, EVA D	2.2 NAME	TAYLOR, MADELINE G	
STREET ADDRESS	6827 N.W. 28TH STREET	2.3 STREET ADDRESS	6856 N.W.26th STREET	
CITY-ST-ZIP	SUNRISE FL 33313-2022	2.4 CITY-ST-ZIP	SUNRISE, FL 33313-2022	
TITLE	DV	3.1 TITLE	DV	☒ Change ☐ Addition
NAME	GAHRING, DEBRA	3.2 NAME	AGLIONE, SALVATORE	
STREET ADDRESS	2965 NW 68TH AVE	3.3 STREET ADDRESS	6821 N.W. 28th STREET	
CITY-ST-ZIP	SUNRISE FL	3.4 CITY-ST-ZIP	SUNRISE,FL 33313-2022	
TITLE	SD	4.1 TITLE	SD	☒ Change ☐ Addition
NAME	DUNKEL, BERGER	4.2 NAME	NOVAK, PATRICIA	
STREET ADDRESS	6858 NW 29TH	4.3 STREET ADDRESS	6823 N.W. 27th COURT	
CITY-ST-ZIP	SUNRISE FL	4.4 CITY-ST-ZIP	SUNRISE, FL 33313-2022	
TITLE	D	5.1 TITLE	D	☒ Change ☐ Addition
NAME	MALONEY, JUANITA	5.2 NAME	DUNKELBERGER,ROSE	
STREET ADDRESS	6851 NW 29TH ST	5.3 STREET ADDRESS	6858 N.W. 29th STREET	
CITY-ST-ZIP	SUNRISE FL	5.4 CITY-ST-ZIP	SUNRISE, FL 33313-2022	
TITLE	FSD	6.1 TITLE	FSD	☐ Change ☐ Addition
NAME	AGLIONE, VIRGINIA	6.2 NAME	AGLIONE, VIRGINIA	
STREET ADDRESS	6821 NW 28TH ST	6.3 STREET ADDRESS	6821 N.W. 28tn STREET	
CITY-ST-ZIP	SUNRISE FL	6.4 CITY-ST-ZIP	SUNRISE, FL 33313-2022	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] MADELINE G. TAYLOR, TREASURE 04/12/95 305-748-4484
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR — Date — Daytime Phone #