

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

**FILED**

**Jan 15 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # H09878 (0)  
1. Corporation Name  
**THE GOLD CLUB, INC.**



Principal Place of Business: 255 SUNNY ISLES BLVD. NORTH MIAMI BEACH FL 33160  
Mailing Address: 255 SUNNY ISLES BLVD. NORTH MIAMI BEACH FL 33160

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State: Sunny Isles Beach FL  
23 Zip: Country  
24  
25

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State: Sunny Isles Beach FL  
28 Zip: Country  
29  
30

3. Date Incorporated or Qualified: 06/27/1984  
4. FEI Number: 59-2468820 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  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent  
TERMINELLO, LOUIS, ESQ.  
2700 S.W. 37TH AVE.  
MIAMI FL 33133

10. Name and Address of New Registered Agent  
81 Name: STEVEN LESNICK  
82 Street Address (P.O. Box Number is Not Acceptable): 4151 SW 102 AVE  
83 DAVIE FLA.  
84 City: FL 85 Zip Code: 33160

11. Pursuant to the provisions of Sections 607.002 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] (NOTE: Registered Agent signature required when reissuing) DATE: 1/12/98

12. OFFICERS AND DIRECTORS

TITLE	P/T	<input type="checkbox"/> DELETE
NAME	LESNICK, STEVEN	
STREET ADDRESS	225 SUNNY ISLES BLVD.	
CITY-ST-ZIP	MIAMI FL 33160	
TITLE	SVP	<input checked="" type="checkbox"/> DELETE
NAME	LESNICK, ASHLEY,	
STREET ADDRESS	255 SDUNNY ISLES BLVD	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	SUNNY ISLES BEACH FL 33160
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MOLYK LESNICK
2.3 STREET ADDRESS	231-174 ST.
2.4 CITY-ST-ZIP	SUNNY ISLES BEACH FL 33160
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 supplementary 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, to an attachment with an address.

SIGNATURE: [Signature] DATE: 1/12/98

CR2E034 (10/97)