

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Sep 17 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 713894

(4)

1. Corporation Name

GOLD KEY CLUB, INC.

Principal Place of Business

2851 N.W. 68TH AVE.
SUNRISE FL 33313

Mailing Address

2851 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
03/13/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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

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

BARNETT, ROBERT
6886 NW 28TH STREET
SUNRISE FL 33313

10. Name and Address of New Registered Agent

81 Name

MICHAEL SALAZAR

82 Street Address (P.O. Box Number is Not Acceptable)

6804 NW 28 STREET

83

84 City

SUNRISE

FL

85 Zip Code

33313

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE MICHAEL SALAZAR

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME BARNETT, ROBERT
STREET ADDRESS 6886 NW 28TH STREET
CITY-ST-ZIP SUNRISE FL

TITLE TD ☒ DELETE

NAME TAYLOR, MADELINE G
STREET ADDRESS 6856 NW 28TH STREET
CITY-ST-ZIP SUNRISE FL

TITLE DV ☐ DELETE

NAME AGLIONE, SALVATORE
STREET ADDRESS 6821 NW 28TH STREET
CITY-ST-ZIP SUNRISE FL

TITLE SD ☐ DELETE

NAME NOVAK, PATRICIA
STREET ADDRESS 6823 NW 27 STREET
CITY-ST-ZIP SUNRISE FL

TITLE D ☐ DELETE

NAME DUNKELERGER, ROSE
STREET ADDRESS 6858 NW 29TH STREET
CITY-ST-ZIP SUNRISE FL

TITLE FSD ☒ DELETE

NAME AGLIONE, VIRGINIA
STREET ADDRESS 6821 NW 28TH STREET
CITY-ST-ZIP SUNRISE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE MICHAEL SALAZAR ☒ Change ☒ Addition

1.2 NAME
1.3 STREET ADDRESS 6804 NW 28 ST
1.4 CITY-ST-ZIP SUNRISE

2.1 TITLE EVA D. SORENSEN ☒ Change ☒ Addition

2.2 NAME
2.3 STREET ADDRESS 6827 NW 28 ST
2.4 CITY-ST-ZIP SUNRISE, FL 33313

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE FSD ☒ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME D BARRY, BARBARA
6.3 STREET ADDRESS 6758 N.W. 68WAY
6.4 CITY-ST-ZIP SUNRISE FL

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE EVA D. SORENSEN

9-10-97 954 746164

CR2E037 (4/97)