

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
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/29/1967		3a. Date of Last Report 03/13/1996	
21	Suite, Apt. #, etc.		26	4. FEI Number 59-1514608		Applied For Not Applicable	
22	City & State		27	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip		28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	25	Country	29	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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 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	<input checked="" type="checkbox"/> DELETE
NAME	BARNETT, ROBERT	
STREET ADDRESS	6886 NW 28TH STREET	
CITY-ST-ZIP	SUNRISE FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	TAYLOR, MADELINE G	
STREET ADDRESS	6856 NW 28TH STREET	
CITY-ST-ZIP	SUNRISE FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	AGLIONE, SALVATORE	
STREET ADDRESS	6821 NW 28TH STREET	
CITY-ST-ZIP	SUNRISE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	NOVAK, PATRICIA	
STREET ADDRESS	6823 NW 27 STREET	
CITY-ST-ZIP	SUNRISE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DUNKELERGER, ROSE	
STREET ADDRESS	6858 NW 29TH STREET	
CITY-ST-ZIP	SUNRISE FL	
TITLE	FSD	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	6804 NW 28 ST	
1.4 CITY-ST-ZIP	SUNRISE	
2.1 TITLE	EVA D. SORENSEN	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	6827 NW 28 ST	
2.4 CITY-ST-ZIP	SUNRISE, FL 33313	
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	FSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	WARRY, 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 EVA D. SORENSEN
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: 9-10-97 954 741154

CR2E037 (4/97)