

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 20, 1999 8:00 am
Secretary of State

07-20-1999 90003 003 ****61.25

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # 713894

1. Corporation Name
GOLD KEY CLUB, INC.

5 9 0 8 4 7 - 9 0 0 0 3 - 4 7

Principal Place of Business Mailing Address
 2851 N.W. 68TH AVE. 2851 N.W. 68TH AVE.
 SUNRISE FL 33313 SUNRISE FL 33313



21. Principal Place of Business SAME AS ABOVE Suite, Apt. #, etc.	2a. Mailing Address SAME AS ABOVE Suite, Apt. #, etc.	3. Date Incorporated or Qualified 12/29/1967
22. City & State	27. City & State	4. FEI Number 59-1514608
23. Zip Country	28. Zip Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Zip Country	29. Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent NACHMAN, IRVIN W. P.A. 4441 STIRLING ROAD FORT LAUDERDALE FL 33314	10. Name and Address of New Registered Agent 81 Name STEVEN A WEINBERG 82 Street Address (P.O. Box Number is Not Acceptable) 8000 PETERS ROAD 83 City PLANTATION 84 City PLANTATION FL 85 Zip Code 33324
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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: *[Signature]* DATE: **7/12/99**
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 <input checked="" type="checkbox"/> DELETE	NAME: SALAZAR, MICHAEL	1.1 TITLE: PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: GIELOW, MICHAEL
STREET ADDRESS: 6804 NW 28TH ST	CITY-ST-ZIP: SUNRISE FL	1.2 NAME: GIELOW, MICHAEL	1.3 STREET ADDRESS: 2745 NW 69 AVE.
TITLE: TD <input type="checkbox"/> DELETE	NAME: SORENSEN, EVA D	1.4 CITY-ST-ZIP: SUNRISE, FL	2.1 TITLE: TD <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 6827 NW 28TH ST	CITY-ST-ZIP: SUNRISE FL	2.2 NAME: SORENSEN, EVA D.	2.3 STREET ADDRESS: 6827 NW 26 ST, SUNRISE, FL
TITLE: DV <input type="checkbox"/> DELETE	NAME: GIELOW, MICHAEL	2.4 CITY-ST-ZIP: SUNRISE, FL	3.1 TITLE: DV <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 2745 N.W. 69TH AVENUE	CITY-ST-ZIP: SUNRISE FL 33313	3.2 NAME: GAHRING, DEBRA	3.3 STREET ADDRESS: 2985 NW 69 AVENUE
TITLE: SD <input checked="" type="checkbox"/> DELETE	NAME: NOVAK, PATRICIA	3.4 CITY-ST-ZIP: SUNRISE, FL	4.1 TITLE: SD <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 6823 NW 27 STREET	CITY-ST-ZIP: SUNRISE FL	4.2 NAME: MILLER, SHIRLEY	4.3 STREET ADDRESS: 6806 NW 26 CT
TITLE: FSD <input type="checkbox"/> DELETE	NAME: DUNKELBERGER, ROSE	4.4 CITY-ST-ZIP: SUNRISE, FL	5.1 TITLE: FSD <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 6858 NW 29TH STREET	CITY-ST-ZIP: SUNRISE FL	5.2 NAME: DUNKELBERGER, ROSE	5.3 STREET ADDRESS: 6858 NW 29 ST
TITLE: D <input checked="" type="checkbox"/> DELETE	NAME: BARRY, BARBARA	5.4 CITY-ST-ZIP: SUNRISE, FL	6.1 TITLE: D <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 2758 NW 68 WAY	CITY-ST-ZIP: SUNRISE FL	6.2 NAME: ZIMMERMAN, WILLIAM	6.3 STREET ADDRESS: 2715 NW 69 AVE
		6.4 CITY-ST-ZIP: SUNRISE, FL	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1907(3) of 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, with all other like empowered.

SIGNATURE: **ROSELYN DUNKELBERGER** REQUIRED *[Signature]* DATE: **7/12/99** DAYTIME PHONE #: **572-7384**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (5/99)