

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

**FILED**  
**Apr 25 1997 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # K57395 (1)**  
 1. Corporation Name  
**GOLDEN KEY INVESTMENTS, INC.**



Principal Place of Business  
**C/O J GEOFFREY PFLUGNER**  
**2033 MAIN ST STE 101**  
**SARASOTA FL 34237**  
**US**

Mailing Address  
**C/O J GEOFFREY PFLUGNER**  
**2033 MAIN ST STE 101**  
**SARASOTA FL 34237-6049**  
**US**

3. Date Incorporated or Qualified **01/11/1989** 3a. Date of Last Report **04/25/1996**

2. Principal Place of Business  
 21 \_\_\_\_\_ 2a. Mailing Address  
 26 \_\_\_\_\_

4. FEI Number **65-0094631** Applied For  
 Not Applicable

Suite, Apt #, etc. 22 \_\_\_\_\_ Suite, Apt #, etc. 27 \_\_\_\_\_

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

City & State 23 \_\_\_\_\_ City & State 28 \_\_\_\_\_

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

Zip 24 \_\_\_\_\_ Country 25 \_\_\_\_\_ Zip 29 \_\_\_\_\_ Country 30 \_\_\_\_\_

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**PFLUGNER, J. GEOFFREY ESQ.**  
**% ICARD, MERRILL, CULLIS, TIMM, ET-AL**  
**STE 101**  
**SARASOTA FL 34237**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83 \_\_\_\_\_  
 84 City **FL** 85 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DP</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ARNSBY, DAVID</b>	1.2 NAME	
STREET ADDRESS	<b>5824 TIDEWOOD AVENUE</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>SARASOTA FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>DST</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ARNSBY, ANN</b>	2.2 NAME	
STREET ADDRESS	<b>5824 TIDEWOOD AVENUE</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>SARASOTA FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>DV</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ARNSBY, NICHOLAS B</b>	3.2 NAME	
STREET ADDRESS	<b>5824 TIDEWOOD AVE</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>SARASOTA FL</b>	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** \_\_\_\_\_ **3-20-97** **941-924-6163**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)