

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

**FILED**  
**May 12 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # K57395 (1)**  
 1. Corporation Name  
**GOLDEN KEY INVESTMENTS, INC.**



Principal Place of Business <b>C/O J GEOFFREY PFLUGNER                  2033 MAIN ST STE 101                  SARASOTA FL 34237                  US</b>	Mailing Address <b>C/O J GEOFFREY PFLUGNER                  2033 MAIN ST STE 101                  SARASOTA FL 34237                  US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
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3. Date Incorporated or Qualified <b>01/11/1989</b>	4. FEI Number <b>65-0094631</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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>	NAME <b>ARNSBY, DAVID</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>5824 TIDEWOOD AVENUE</b>	CITY-ST-ZIP <b>SARASOTA FL</b>	1.2 NAME	
TITLE <b>DST</b>	NAME <b>ARNSBY, ANN</b>	1.3 STREET ADDRESS	
STREET ADDRESS <b>5824 TIDEWOOD AVENUE</b>	CITY-ST-ZIP <b>SARASOTA FL</b>	1.4 CITY-ST-ZIP	
TITLE <b>DV</b>	NAME <b>ARNSBY, NICHOLAS B</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>5824 TIDEWOOD AVE</b>	CITY-ST-ZIP <b>SARASOTA FL</b>	2.2 NAME	
TITLE	NAME	2.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	2.4 CITY-ST-ZIP	
TITLE	NAME	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	3.2 NAME <b>Arnsby, Nicholas B</b>	
TITLE	NAME	3.3 STREET ADDRESS <b>1681 South Kirkman Rd., #242</b>	
STREET ADDRESS	CITY-ST-ZIP	3.4 CITY-ST-ZIP <b>Orlando, FL 32811</b>	
TITLE	NAME	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	4.2 NAME <b>Arnsby, James B.</b>	
TITLE	NAME	4.3 STREET ADDRESS <b>2814 River Pines Way</b>	
STREET ADDRESS	CITY-ST-ZIP	4.4 CITY-ST-ZIP <b>Sarasota, FL 34231</b>	
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME	
TITLE	NAME	5.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	6.2 NAME	
TITLE	NAME	6.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	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 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: \_\_\_\_\_ 4/7/98 (911) 216-3330

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