

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

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

PROFIT CORPORATION ANNUAL REPORT **1998**



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 Mailing Address

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

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

3. Date Incorporated or Qualified  
**01/11/1989**

4. FEI Number **65-0094631** 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

**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

TITLE	<b>DP</b>	<input type="checkbox"/> DELETE
NAME	<b>ARNSBY, DAVID</b>	
STREET ADDRESS	<b>5824 TIDEWOOD AVENUE</b>	
CITY-ST-ZIP	<b>SARASOTA FL</b>	
TITLE	<b>DST</b>	<input type="checkbox"/> DELETE
NAME	<b>ARNSBY, ANN</b>	
STREET ADDRESS	<b>5824 TIDEWOOD AVENUE</b>	
CITY-ST-ZIP	<b>SARASOTA FL</b>	
TITLE	<b>DV</b>	<input type="checkbox"/> DELETE
NAME	<b>ARNSBY, NICHOLAS B</b>	
STREET ADDRESS	<b>5824 TIDEWOOD AVE</b>	
CITY-ST-ZIP	<b>SARASOTA FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>DV</b>
3.3 STREET ADDRESS	<b>Arnsby, Nicholas B</b>
3.4 CITY-ST-ZIP	<b>1681 South Kirkman Rd., #242</b> <b>Orlando, FL 32811</b>
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>DV</b>
4.3 STREET ADDRESS	<b>Arnsby, James B.</b>
4.4 CITY-ST-ZIP	<b>2814 River Pines Way</b> <b>Sarasota, FL 34231</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: \_\_\_\_\_

CR2E034 (10/97)