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**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90253 039 \*\*\*158.75

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **K57395**

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  
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25

2a. Mailing Address  
 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

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

4. FEI Number  
**65-0094631**

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 the current year intangible Personal Property Tax.  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)  
**2033 MAIN STREET**  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	DP	<input type="checkbox"/>
NAME	ARNSBY, DAVID	
STREET ADDRESS	5824 TIDEWOOD AVENUE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	DST	<input type="checkbox"/>
NAME	ARNSBY, ANN	
STREET ADDRESS	5824 TIDEWOOD AVENUE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	DV	<input type="checkbox"/>
NAME	ARNSBY, NICHOLAS B	
STREET ADDRESS	1681 S. KIRKMAN RD., #242	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE	DV	<input type="checkbox"/>
NAME	ARNSBY, JAMES B.	
STREET ADDRESS	2814 RIVER PINES WAY	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS	6717 SARASEA CIRCLE		
1.4 CITY-ST-ZIP	SARASOTA, FL 34242		
2.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS	6717 SARASEA CIRCLE		
2.4 CITY-ST-ZIP	SARASOTA, FL 34242		
3.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS	6717 SARASEA CIRCLE		
3.4 CITY-ST-ZIP	SARASOTA, FL 34242		
4.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS	6717 SARASEA CIRCLE		
4.4 CITY-ST-ZIP	SARASOTA, FL 34242		
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ DATE: **4-20-99** DAYTIME PHONE #: **(941) 349-3330**

CR2E034 (11/98)