FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 31 PM 3:08

DOCUMENT # S05939 (1)

1. Corporation Name
GOLDEN KEY HOMES, INC.

Principal Place of Business	Mailing Address
~~2084 WEMBLEY PLACE~~	~~2084 WEMBLEY PLACE~~
~~OVIEDO FL 32765~~	~~OVIEDO FL 32765~~

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business	2a. Mailing Address
21 412 HARLEY CT	26 115 PALMER AV
22 Suite, Apt. #, etc. 412 HARLEY CT	27 Suite, Apt. #, etc.
23 City & State OVIEDO	28 City & State WINTER PARK FL
24 Zip 32765 25 Country Seminole	29 Zip 32789 30 Country Orange

3. Date Incorporated or Qualified: 10/15/1990
3a. Date of Last Report: 01/19/1994
4. FEI Number: 59-3034520 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

ELIAS, ADIL R.
~~2084 WEMBLEY PLACE~~
~~OVIEDO FL 32765~~

10. Name and Address of New Registered Agent

81 Name: ADIL R. ELIAS
82 Street Address (P.O. Box Number is Not Acceptable)
83: 115 PALMER AV
84 City: WINTER PARK FL 85 Zip Code: 32789

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: _____ 1/26/95 ADIL ELIAS
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	VP ☒ Change ☐ Addition
NAME	ELIAS, ADIL R	1.2 NAME	ELIAS, ADIL R.
STREET ADDRESS	2084 WEMBLEY PLACE	1.3 STREET ADDRESS	115 PALMER AV
CITY-ST-ZIP	OVIEDO FL	1.4 CITY-ST-ZIP	WINTER PARK 32789
TITLE	P	2.1 TITLE	PRESIDENT ☐ Change ☐ Addition
NAME	GHANDOUR, AHMAD H.	2.2 NAME	AHMAD H. GHANDOUR
STREET ADDRESS	72 SWEETBRIAR BRANCH	2.3 STREET ADDRESS	72 SWEETBRIAR BR.
CITY-ST-ZIP	LONGWOOD FL	2.4 CITY-ST-ZIP	LONGWOOD FL 32750
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 is voluntarily furnished and 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: _____ ADIL ELIAS 1/26/95 407 366 9395
SIGNATURE AND TYPED OR PRINTED NAME OF BIDING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0045844 CP