

AND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 ...T DUE ON OR BEFORE 09/15/99: \$500 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE, \$700).

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **666032**
 1. Corporation Name
KEYCLUB.NET, INC.

Principal Place of Business
**5000 ROSSAMOND DR #2000
 ORLANDO FL 32806**

Mailing Address
**101 EAST PARK BLVD.
 SUITE 711
 PLANO TX 75074**

FILED
99 OCT -4 AM 9:06
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

9/20/99 90007 046 \$555.00
 DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/07/1980

4. FEI Number
APPLIED FOR 75-279260 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 the current year Intangible Personal Property. Yes No

2. Principal Place of Business
 21 **101 EAST PARK BLVD.**
 Suite, Apt. #, etc.
 22 **711**
 City & State
 23 **PLANO TEXAS**
 Zip
 24 **75074** Country
 25 **USA**

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

9. Name and Address of Current Registered Agent
**CORPORATE CREATIONS ENTERPRISES INC.
 941 FOURTH STREET #200
 MIAMI BEACH FL 33139**

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 88 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1506, 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 607.0506, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	PO	<input checked="" type="checkbox"/> DELETE
NAME	GAMILLO, JOSEPH	
STREET ADDRESS	5000 ROSSAMOND DR #2000	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	PO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BOONEN, PETER J	
1.3 STREET ADDRESS	601 WEST BROADWAY STE 400	
1.4 CITY-ST-ZIP	VANCOUVER BC V5Z4C	
2.1 TITLE	CST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	EVANS, BARRY L	
2.3 STREET ADDRESS	101 EAST PARK BLVD, STE 711	
2.4 CITY-ST-ZIP	PLANO TX 75074	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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)(b), 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: _____ **9-18-99** **972.6328865**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Signature Phone #

KE

CP02B04 (5/99)