## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550,00

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # L48026

DAVID L. KAYE ENTERPRISES, INC.

					<u> </u>	L BANK BORDIO BARDAS BYRAID BYRAID	81811 BH811 1891
Principal Place	e of Business	Mailing Address					
% DAVID L KAY	YE	% DAVID L KAYE					
8001 SW 90TH AVE		8001 SW 90TH AVE	8001 SW 90TH AVE				
MIAMI FL 33173		MIAMI FL 33173	MIAMI FL 33173		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		}
					02/01/1990		
2. Principal Pl	Place of Business	2a. Mailing Address		<del></del>	4. FEI Number	Ap	oplied For
21		26			65-0170734		ot Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.				\$8.75	Additional
22		27			5. Certificate of Status Desired	Fee Re	equired
City & State	te	City & State			6. Election Campaign Financing	_ \$5.00	May Be
<del></del>	•	28			Trust Fund Contribution	1 1	to Fees
23 Zip	Country	Zip	Cou	ntry	8. This corporation owes the currer	nt vear Intangible	
— ·	<del></del>	<b>⊢</b>	30	,	Personal Property Tax.	∏ Yes	No
24	25	29	30	-	10. Name and Address of New Re		
	9. Name and Address of Curr	rent Registered Agent		81 Name	10. Name and Address of New Ad	Sisteros Agont	
VAVI	E DAVID I	"		OI Name			}
KAYE, DAVID L			82 Street Add		dress (P.O. Box Number is Not Acceptab	ile)	
	1 SW 90TH AVE						
MIAN	MI FL 33173			83		计成性情况	(注)划44
					1	2.46 c	Code 3 34
				84 City		FI 85 Zip	Code
44 Durauant	to the provisions of Sections 607.0	3502 and 607 1508 Florida Statut	s the a	ove-named cor	poration submits this statement for the p	urpose of changing its	s registered
office or r	registered agent, or both, in the Sta	ite of Florida. Such change was a	utnorized	by the corporat	tion's board of directors. I hereby accept	the appointment as re	egistered
0	am familiar with, and accept the obli	igations of Section 607 0505. Flo	rida Stati	.too			<u> </u>
agent. I a	atti tattiniai witi, and accept the ob-	igations of, decider our losco, i is	ida Olai.	iles.			1
agent. I a SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable. (NOTE			red when reinstating):	DATE	
	Signature, typed or printed name of registered	agent and title if applicable. (NOTE			ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTO	
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable. (NOTE	Registered	Agent signature require	ADDITIONS/CHANGES TO OFF		ORS IN 12
SIGNATURE	Signature, typed or printed name of registered OFFICERS	agent and title if applicable. (NOTE	Registered	Agent signature requir	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTO	
SIGNATURE  12.  TITLE  NAME	Signature, typed or printed name of registered of OFFICERS  D  KAYE, DAVID L	agent and title if applicable. (NOTE	13. 1.1 TI	Agent signature requir	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTO	
SIGNATURE  12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered of OFFICERS  D  KAYE, DAVID L  8001 SW 90TH AVE	agent and title if applicable. (NOTE	13. 1.1 TI 1.2 N/ 1.3 S1	Agent signature requir	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTO	
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered of OFFICERS  D  KAYE, DAVID L	agent and title if applicable. (NOTE AND DIRECTORS  DELETE	13. 1.1 TI 1.2 N/ 1.3 ST 1.4 CI	Agent signature requin	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTO	Addition
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered of OFFICERS  D  KAYE, DAVID L  8001 SW 90TH AVE	agent and title if applicable. (NOTE	13. 1.1 TI 1.2 N/ 1.3 ST 1.4 CI 2.1 TI	Agent signature requirements  LE  ME  REET ADDRESS  IY-ST-ZIP	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTO	
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered of OFFICERS  D  KAYE, DAVID L  8001 SW 90TH AVE	agent and title if applicable. (NOTE AND DIRECTORS  DELETE	13. 1.1 TI 1.2 NV 1.3 ST 1.4 CI 2.1 TI 2.2 NV	Agent signature requirements  ME  REET ADDRESS  IY-ST-ZIP  LE  ME	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTO	Addition
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered OFFICERS  D KAYE, DAVID L 8001 SW 90TH AVE MIAMI FL	agent and title if applicable. (NOTE AND DIRECTORS  DELETE	13. 1.1 TI 1.2 NV 1.3 ST 1.4 CI 2.1 TI 2.2 NV	Agent signature requirements  LE  ME  REET ADDRESS  IY-ST-ZIP	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTO	Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	Signature, typed or printed name of registered OFFICERS  D KAYE, DAVID L 8001 SW 90TH AVE MIAMI FL	agent and title if applicable. (NOTE  AND DIRECTORS  DELETE  DELETE	Registered 13. 1.1 Ti 1.2 N/ 1.3 S1 1.4 C7 2.1 Ti 2.2 N/ 2.3 S1	Agent signature requirements  ME  REET ADDRESS  IY-ST-ZIP  LE  ME	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTO ☐ Change ☐ Change	☐ Addition
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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 manged, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**FILED** 

Feb 15, 1999 8:00am

**Secretary of State** 

02-15-1999 90034 023 \*\*\*150.00