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

APPROVED AND FILED
95 JUN 28 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L81239 (0)

1. Corporation Name
KODE BLEU, INC.

800001526798
-06/29/95--01036--007
*****61.25 *****61.25
DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
[illegible] 316 Wilshire Casselberry, FL 32707 US	[illegible] 316 Wilshire Blvd. Casselberry, FL 32707 US

3. Date Incorporated or Qualified: 06/15/1990
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21): 316 Wilshire Blvd.
2a. Mailing Address (26): 316 Wilshire Blvd.

4. FEI Number: 59-3017876 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

City & State (23): Casselberry, FL
City & State (28): Casselberry, FL

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

Zip (24): 32707 Country (25): USA
Zip (29): 32707 Country (30): USA

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

KEYES, SYLVIA
522 OAK ST
DAYTONA BEACH FL 32114

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 _____ June 21, 1995
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	D	11 TITLE	CEO/Treasurer	☒ Change ☐ Addition
NAME	KEYES, SYLVIA	12 NAME	Sylvia Keyes	
STREET ADDRESS	522 OAK ST	13 STREET ADDRESS	522 Oak Street	
CITY-ST-ZIP	DAYTONA BEACH FL	14 CITY-ST-ZIP	Daytona Beach, FL 32114	
TITLE		21 TITLE	President	☐ Change ☒ Addition
NAME		22 NAME	John Keyes	
STREET ADDRESS		23 STREET ADDRESS	522 Oak Street	
CITY-ST-ZIP		24 CITY-ST-ZIP	Daytona Beach, FL 32114	
TITLE		31 TITLE	Vice President	☐ Change ☒ Addition
NAME		32 NAME	Macarthur Massengale	
STREET ADDRESS		33 STREET ADDRESS	3529 NW 35th Street	
CITY-ST-ZIP		34 CITY-ST-ZIP	Coconut Creek, FL 33066	
TITLE		41 TITLE	Secretary	☐ Change ☒ Addition
NAME		42 NAME	Connie Brannan, 2780 Sommerset Dr.	
STREET ADDRESS		43 STREET ADDRESS	Fort Lauderdale, FL 33311 #P-318	
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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14. I do hereby certify that the information supplied with this filing is authorized 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 X in Block.

SIGNATURE: _____ 6-21-95
SIGNATURE AND, IF REQUIRED, TITLE OF PERSON AUTHORIZED DATE