

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L81239** (0)
1. Corporation Name
KODE BLEU, INC.

Principal Place of Business KODE BLEU, INC. 1561 Lee Road US Winter Park, FL 32789-2205	Mailing Address KODE BLEU, INC. 1561 Lee Road, Winter Park US FL 32789-2205
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1561 Lee Road Suite, Apt #, etc. 22 City & State 23 Winter Park, FL Zip 24 32789-2205		2a. Mailing Address 26 1561 Lee Road Suite, Apt #, etc. 27 City & State 28 Winter Park, FL Zip 29 32789-2205		3. Date Incorporated or Qualified 06/15/1990	
25 Seminole		30 Seminole		4. FEI Number 59-3017876	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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
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  **SYLVIA KEYES** **March 16, 1998**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEOT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEYES, SYLVIA	1.2 NAME	
STREET ADDRESS	522 OAK ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEYES, SYLVIA	2.2 NAME	
STREET ADDRESS	522 OAK STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASSENGALE, MACARTHUR	3.2 NAME	
STREET ADDRESS	3529 NW 35TH ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRANNAN, CONNIE	4.2 NAME	
STREET ADDRESS	2780 SOMMERSET DR. #P-318	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	4.4 CITY-ST-ZIP	
TITLE	VP	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEYES, JOHN	5.2 NAME	
STREET ADDRESS	522 OAK ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BCH FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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

SIGNATURE:  **SYLVIA KEYES** **March 16, 1998**

CR2E034 (10/97)