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

PROFIT CORPORATION ANNUÁL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # L81239

1. Corporation Name

KODE BLEU, INC.

FILED May 03, 1999 8:00 am Secretary of State

05-03-1999 90100 042 ***158.75



Principal Place	of Business	Mailing Address	Mailing Address						
1561 LEE RD WINTER PARK FL 32789-2205 JS		1561 LEE RD Winter Park FL 3279 US	WINTER PARK FL 32789-2205			DO NOT WRITE IN THIS SPACE			
•						3. Date incorporated or Qualifed 06/15/1990			
2. Principal Pla	ace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number		Applied For	
1		26	26			59-3017876		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country 25	Zip	Count 30	ry		This corporation owes the current year Personal Property Tax.	Intangible ☐ Yes	XΩNo	
9. Name and Address of Current Registered Agent						10. Name and Address of New Registers	d Agent		
KEYES, SYLVIA				1	Name				
522 OAK ST DAYTONA BEACH FL 32114			8	2	Street Addre	ss (P.O. Box Number is Not Acceptable)			
			8	13		M			
			8	4	City	F	L 85	Zip Code	
office or re	o the provisions of Sections 607.0 gistered agent, or both, in the Sta n familiar with, and accept the obli	ite of Florida. Such change w	as authorized t	y th	named corpo ne corporation	ration submits this statement for the purpose o's board of directors. I hereby accept the app	of changin pointment a	g its registered as registered	
SIGNATURE						when reinstation) DATE			
	Signature, typed or printed name of registered a	· · · · · · · · · · · · · · · · · · ·	(NOTE: Registered A	gent s	signature required	Milen Telliseamig/	AND DICE	OTODO IN 40	
12.	OFFICERS AND DIRECTORS 13.				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				

agent. rai	ii lamiliai with, and accept the obligations o	i, Section cor. 0505, Floric	a Otatales.		•	
SIGNATURE	Signature, typed or printed name of registered agent and title	if applicable (NOTE: R	egistered Agent signature req	uired when reinstating) D	ATE	
12,	OFFICERS AND DIR		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRE		
TITLE	CEOT	DELETE	1.1 TITLE		☐ Change	Addition
NAME	KEYES, SYLVIA		1.2 NAME			
	522 OAK ST		1.3 STREET ADDRESS			
STREET ADDRESS	DAYTONA BEACH FL 32114					
CITY-ST-ZIP		☐ DELETE	1.4 CITY-ST-ZIP		[] Change	Addition
TITLE	P		2.1 TITLE		oningo	
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	☐ DELETE	3.1 TITLE		Change	☐ 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	☐ DELETE	4.1 TITLE		Change	☐ 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	☐ DELETE	5.1 TITLE		Change	☐ Addition
NAME	KEYES, JOHN		5.2 NAMÉ			
STREET ADDRESS	522 OAK ST		5.3 STREET ADDRESS			:
CITY-ST-ZIP	DAYTONA BCH FL		5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		☐ Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP			

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 of 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND PRED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR