

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

FILED  
May 01 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P94000055757 (6)**

1. Corporation Name

**KAYE VENTURES, INC.**

Principal Place of Business

Mailing Address

**735 MASON AVE.  
DAYTONA BEACH FL 32117**

**735 MASON AVE.  
DAYTONA BEACH FL 32117-4716**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

**07/26/1994**

**04/24/1996**

4. FEI Number

Applied For

Not Applicable

**59-3255669**

5. Certificate of Status Desired

☐

**\$8.75 Additional**

**Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be**

Trust Fund Contribution

☐

**Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐

Yes

☐

No

10. Name and Address of New Registered Agent

**KAYE, C. KIRK  
735 MASON AVE.  
DAYTONA BEACH FL 32117**

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

Signature, typed or printed name of registered agent and date of appointment

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **P  
KAYE, C. KIRK**  
STREET ADDRESS **126 SPRINGWOOD DRIVE**  
CITY-ST-ZIP **DAYTONA BEACH FL**

TITLE ☐ DELETE

NAME **ST  
KAYE, CECILLA**  
STREET ADDRESS **126 SPRINGWOOD DRIVE**  
CITY-ST-ZIP **DAYTONA BEACH FL**

TITLE ☐ DELETE

NAME **V  
KAYE, CLAUDE V**  
STREET ADDRESS **160 CEDAR LANE TRAIL**  
CITY-ST-ZIP **WINSTON-SALEM NC 27104**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS **4285 Oriole Ave.**

1.4 CITY-ST-ZIP **Port Orange, Fl. 32127**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS **4285 Oriole Ave.**

2.4 CITY-ST-ZIP **Port Orange, Fl. 32127**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS **6680 Willow Trace Dr.**

3.4 CITY-ST-ZIP **Chattanooga, Tn 37424**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 or as an attachment with an address.

SIGNATURE:

4/22/97 904-252-4028

CR2E034 (9/96)