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 # P9400055757

1. Corporation Name

KAYE VENTURES, INC.

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FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90091 002 ***150.00



•						
Principal Place of Business Mailing Address						1 (68)138) tes 1841 8181 8814 8814 8814 8818 914 914 144 144 144 144 144 144 144 144
735 MASON AVE DAYTONA BEAC		735 MASON AVE. DAYTONA BEACH FL 3211	735 MASON AVE. DAYTONA BEACH FL 32117			DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed
						07/26/1994
2. Principal Pla	ace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number Applied For
21		26	26			59-3255669 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional
22		27				Fee Required
City & State	•	City & State	City & State			6. Election Campaign Financing \$5.00 May Be
23		28			_	Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country			8. This corporation owes the current year Intangible
24	9. Name and Address of Curr	29	30	Γ		Personal Property Tax. LYes LNo 10. Name and Address of New Registered Agent
ļ	ent Registered Agent	-	81 Name		U. Haine and Address of their registered right	
KAYE	E, C. KIRK					
	MASON AVE.		82 Street Add		Street A	Address (P.O. Box Number is Not Acceptable)
DAYTONA BEACH FL 32117						ميسي
				84	City	FL 85 Zip Code
	207.0	500 1 CO7 4500 Florido Statut	ton the n	<u></u>	named a	cornection submits this statement for the number of changing its registered
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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
DIPLOTORS			13.	Agei	it signawie ie	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	P	☐ DELETE	1.1 Ti	TLE		Change Addition
NAME	KAYE, C. KIRK		1.2 N	AME		'
STREET ADDRESS	4285 ORIOLE AVE		1.3 \$	TREET	ADDRESS	
CITY-ST-ZIP	PORT ORANGE FL		1,4 C	TY-ST	T-ZIP	`
TITLE	ST	☐ DELETE	2.1 TI			☐ Change ☐ Addition
NAME	KAYE, CECILLA		2.2 N	AME		
STREET ADDRESS	4285 ORIOLE AVE		2.3 \$	2.3 STREET		
CITY-ST-ZIP	PORT ORANGE FL		2.40	iTY-S	T-ZIP	
·· TITLE	V -	☐ DELETE	3.1 TI	TLE		Change Addition
NAME	KAYE, CLAUDE V		3.2 N	AME		
STREET ADDRESS	**** **** **** = ***		3.3 STREE		ADDRESS	
CITY-ST-ZIP	CHATTANOOGA TN		3.4, 0	3.4. CITY-5		
TITLE		☐ DELETE	4.1 TI	TLE		Change Addition
NAME			4.2 N	IAME		
STREET ADDRESS			4.3 \$	TREET	ADDRESS	
CITY-ST-ZIP				ITY-S	T-ZIP	
TITLE		☐ DELETE	5.1 TITLE			Change Addition
NAME	, , · · ·		5.2 N			
STREET ADDRESS					ADDRESS	:
CITY-ST-ZIP			5.4 C 6.1 Ti	ITY-S	·ZIP	Change Addition
TITLE		☐ DELETE				
NAME:			6.2 N			
STREET ADDRESS			1		TADDRESS	}
CITY-ST-ZIP	L		6.4 C	ITY-\$	T-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 suppliemental 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 of the pociver 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 only in the pocitive of the corporation of the corporation of the pocitive 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 only in the pocitive of the corporation of the corporation of the corporation of the pocitive of the corporation of the c

SIGNATURE:

CHATURE AND THREE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-99

904-252-4028