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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT #** P95000078689 (3)

BLEU ET ROUGE CARIBBEAN COMPANY

Principal Place of Business Mailing Address 3450 EAST LAKE ROAD 3450 EAST LAKE ROAD SUITE 301 SUITE 301 DO NOT WRITE IN THIS SPACE PALM HARBOR FL 34685 PALM HARBOR FL 34685 3. Date Incorporated or Qualified 10/13/1995 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Applied For 59-3344067 Not Applicable 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Country 8. This corporation owes or has paid the current year Intangible ☐ Yes □Ño Personal Property Tax due June 30. 29 30 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name COSNOW, JEFFREY E 3450 EAST LAKE ROAD Street Address (P.O. Box Number is Not Acceptable) SUITE 301 83 PALM HARBOR FL 34685 84 Zip Code City 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change DELETE TITLE 1.1 TITLE SCHMIDT, MARY ANNE 1.2 NAME NAME 3450 EAST LAKE ROAD, SUITE 301 1.3 STREET ADDRESS STREET ADDRESS PALM HARBOR FL 34685 1.4 CITY-ST-ZIP CITY-ST-ZIP \_\_\_ Change Addition DELETE TITLE 2.1 TITLE NAME COSNOW, JEFFREY E 2.2 NAME 3450 EAST LAKE ROAD, SUITE 301 STREET ADDRESS 2.3 STREET ADDRESS PALM HARBOR FL 34685 CITY-ST-ZIP 2. 4 CITY - ST-ZIP \_\_ Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP \_\_\_ Change \_\_\_ Addition DELETE TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP City-ST-7IP Change Addition DELETE TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE 6,2 NAME NAME

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 condoration 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 charged it in an attachment with an address.

6,3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

**FILED** 

Jan 28 1998 8:00am

Secretary of State