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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000078689

1. Corporation Name

BLEU ET ROUGE CARIBBEAN COMPANY

Principal Place	e of Business	Mailing	g Address											
3450 EAST LAK	(E ROAD	3450 E	AST LAKE ROAD											
SUITE 301			SUITE 301						50					
PALM HARBOR FL 34685		PALM I	PALM HARBOR FL 34685				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed							
									ed or Quali	ifed				
						_•		13/1995						
2. Principal Pl	lace of Business	2a. Ma	iling Address					Number						d For
21		26	26				<u>59-</u>	<u>3344067</u>						pplicable
Suite, Apt. #, etc.		Sui	Suite, Apt. #, etc.				5 Certi	ifcate of Sta	tus Desire	d [1			litional
22		27					J. 0010				•	Fee	Requ	ired
City & State	e	Cit	y & State				6. Elec	tion Campa	ign Financi	ing [3	\$5.	00 Ma	y Be
23		28					Trus	t Fund Con	tribution		.	Add	ed to F	ees
Zip	Country	Zip)	Count	iry		8. This	corporation	owes the	current	year Inta	ngible		
24	25	29	[:	30			Pers	onal Prope	ty Tax.			☐ Yes		No
	9. Name and Address of Cu	rrent Registere	d Agent				10. Nam	ne and Add	ress of Ne	w Regi	stered A	gent		
				8	i1 Na	me								
COS	NOW, JEFFREY E			l-	13 04		(D O D	are Mirmah ar	in Not And	ontoblo				
3450	EAST LAKE ROAD			8	12 Str	eet Addr	ress (P.O. B	sox number	IS NOT ACC	epiable	,			
SUIT	E 301			8	3		.							
	M HARBOR FL 34685			L										_
				8	4 Cit	y					FL	85 2	Zip Coo	le l
					<u> </u>	:	(f) =b			46		<u> </u>		istored
11. Pursuant i	to the provisions of Sections 607 egistered agent, or both, in the S	.0502 and 607.1 tate of Florida. S	508, Florida Statute Such change was au	s, the about	ove-nan	nea corp orporatio	on's board o	mits this sta of directors.	tement for I hereby a	ccept th	e appoint	manging ment a	s regis	ered
agent. I ar	m familiar with, and accept the ob	bligations of, Sec	ction 607.0505, Flori	da Statute	es.	,			•					
SIGNATURE														
SIGINATORE														
	Signature, typed or printed name of registered				gent signa	ture require	ed when reinstation				DATE		TO DO	
12.	OFFICERS	d agent and title if appl S AND DIRECTO	ORS /	13.		ture require		ng) TIONS/CHA	NGES TO					
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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 corpolation of the receiver or trufflee 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, order an attactment with an address, with all other like empowered.

FILED

Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90021 019 ***150.00

CR2E034 (11/98)