

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

**FILED**

**May 13 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 # 830422 (2)**  
1. Corporation Name  
**QUEENS PROPERTIES INC**



Principal Place of Business: **8060 J.A. JONES DR CHARLOTTE, N C 28267 US**  
Mailing Address: **8060 J.A. JONES DRIVE CHARLOTTE NC 28267-0001 US**

3. Date Incorporated or Qualified: **07/09/1973**    3a. Date of Last Report: **04/23/1996**  
4. FEI Number: **56-1008606**    Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **21 7**  
2a. Mailing Address: **26**  
Suite, Apt. #, etc.: **22**  
City & State: **27**  
Zip: **24**    Country: **25**    Zip: **28**    Country: **30**

9. Name and Address of Current Registered Agent: **CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324**  
10. Name and Address of New Registered Agent: **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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>PTD</b> <input type="checkbox"/> DELETE	NAME: <b>PORTER, RICHARD M</b>	1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: <b>8060 J.A. JONES DR</b>	CITY-ST-ZIP: <b>CHARLOTTE, NC 00000</b>	1.2 NAME:	
TITLE: <b>VSD</b> <input type="checkbox"/> DELETE	NAME: <b>BOWDEN, JAMES A</b>	1.3 STREET ADDRESS:	
STREET ADDRESS: <b>8060 J.A. JONES DR</b>	CITY-ST-ZIP: <b>CHARLOTTE NC</b>	1.4 CITY-ST-ZIP:	
TITLE: <b>D</b> <input type="checkbox"/> DELETE	NAME: <b>DAVIDSON, CHARLES T.</b>	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: <b>8060 J.A. JONES DR.</b>	CITY-ST-ZIP: <b>CHARLOTTE NC</b>	2.2 NAME:	
TITLE: <input type="checkbox"/> DELETE	NAME:	2.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	2.4 CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> DELETE	NAME:	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:	CITY-ST-ZIP:	3.2 NAME:	
TITLE: <input type="checkbox"/> DELETE	NAME:	3.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	3.4 CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> DELETE	NAME:	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:	CITY-ST-ZIP:	4.2 NAME:	
TITLE: <input type="checkbox"/> DELETE	NAME:	4.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	4.4 CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> DELETE	NAME:	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:	CITY-ST-ZIP:	5.2 NAME:	
TITLE: <input type="checkbox"/> DELETE	NAME:	5.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	5.4 CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> DELETE	NAME:	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:	CITY-ST-ZIP:	6.2 NAME:	
TITLE: <input type="checkbox"/> DELETE	NAME:	6.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	6.4 CITY-ST-ZIP:	

*05/13/97*

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**\*\*\*165.00**

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 if changed, or on an attachment with an address.

SIGNATURE: *Richard M. Porter*    Date: **4-30-97**    Daytime Phone #: **(704) 553-3293**

CR2E034 (9/96)