

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

FILED

Mar 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # 645692 (5)
1. Corporation Name
THE SILVER QUEEN, INC.

Principal Place of Business
730 N INDIAN ROCKS RD
BELLEAIR BLUFFS FL 33770
US

Mailing Address
730 N INDIAN ROCKS RD
BELLEAIR BLUFFS FL 34640



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/19/1979	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 59-1947593	Applied For Not Applicable
23 Zip	25 Country	29 Zip 33770	30 Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent ARBUTINE, PATRICIA L. 730 NORTH INDIAN ROCKS ROAD BELLEAIR BLUFFS FL 33770				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	85 Zip Code FL

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: *Patricia L. Arbutine* DATE: 3/2/98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	C	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	ARBUTINE, PATRICIA L.			1.2 NAME			
STREET ADDRESS	730 N INDIAN ROCKS RD			1.3 STREET ADDRESS			
CITY-ST-ZIP	BELLEAIR BLUFFS FL			1.4 CITY-ST-ZIP		33770	
TITLE	VP	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	ARBUTINE, MILLER B.			2.2 NAME			
STREET ADDRESS	730 N INDIAN ROCKS RD			2.3 STREET ADDRESS			
CITY-ST-ZIP	BELLEAIR BLUFFS FL			2.4 CITY-ST-ZIP		33770	
TITLE	P	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	ARBUTINE, GREGORY M.			3.2 NAME			
STREET ADDRESS	730 N INDIAN ROCKS RD.			3.3 STREET ADDRESS			
CITY-ST-ZIP	BELLEAIR BLUFFS FL			3.4 CITY-ST-ZIP		33770	
TITLE	VP	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	ARBUTINE, CHRISTOPHER S.			4.2 NAME			
STREET ADDRESS	730 N INDIAN ROCKS RD.			4.3 STREET ADDRESS			
CITY-ST-ZIP	BELLEAIR BLUFFS FL			4.4 CITY-ST-ZIP		33770	
TITLE	T	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	ARBUTINE, JAYSON B.			5.2 NAME			
STREET ADDRESS	730 N INDIAN ROCKS RD.			5.3 STREET ADDRESS			
CITY-ST-ZIP	BELLEAIR BLUFFS FL			5.4 CITY-ST-ZIP		33770	
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-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 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: *Patricia L. Arbutine* *Patricia L. Arbutine* Chairman 3/2/98 813-571-0027

CR2E034 (10/97)