

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

FILED

Feb 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F06062 (6)
 1. Corporation Name
QUEEN HONEY BEE CORP.



Principal Place of Business 14411 S. Dixie Hwy. Suite 206 Miami, Fl. 33176		Mailing Address 14411 S. Dixie Hwy. Suite 206 Miami, Fl. 33176		3. Date Incorporated or Qualified 11/19/1980	3a. Date of Last Report 02/06/1996
2. Principal Place of Business 21 14411 S. Dixie Hwy.	2a. Mailing Address 26 14411 S. Dixie Hwy.	4. FEI Number 59-2084459		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc. 22 Suite 206	Suite, Apt. #, etc. 27 Suite 206	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	
City & State 23 Miami, Florida	City & State 28 Miami, Florida	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Zip 24 33176	Country 25	Zip 29 33176	Country 30		

9. Name and Address of Current Registered Agent KING, WILLIAM P. 14411 S. Dixie Hwy. Suite 206 Miami, Florida 33176		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	
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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	PD <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KING, WILLIAM P.	12 NAME	
STREET ADDRESS	14411 S. Dixie Hwy. Suite 206	13 STREET ADDRESS	14411 S. Dixie Hwy., Suite 206
CITY-ST-ZIP	Miami, Fl. 33176	14 CITY-ST-ZIP	Miami, Florida 33176
TITLE	SD <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAGEN, MILDRED H.	22 NAME	
STREET ADDRESS	14411 S. Dixie Hwy. Suite 206	23 STREET ADDRESS	14411 S. Dixie Hwy., Suite 206
CITY-ST-ZIP	Miami, Fl. 33176	24 CITY-ST-ZIP	Miami, Florida 33176
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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 a receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 of Block 13 of change as an attachment with an address.

SIGNATURE: William P. King **REQUIRED** 2-6-97 (305) 253-3525
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)