

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 19, 1999 8:00 am
Secretary of State

02-19-1999 90006 012 ***150.00

DOCUMENT # F06062

1. Corporation Name

QUEEN HONEY BEE CORP.

Principal Place of Business

14411 S DIXIE HIGHWAY
SUITE 206
MIAMI FL 33176
US

Mailing Address

14411 S DIXIE HIGHWAY
SUITE 206
MIAMI FL 33176
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/19/1980

4. FEI Number

59-2084459

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 owes the current year Intangible
Personal Property Tax.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

KING, WILLIAM P
14411 S DIXIE HIGHWAY
SUITE 206
MIAMI FL 33176

10. Name and Address of New Registered Agent

81 Name

MILDRED H. FAGEN

82 Street Address (P.O. Box Number is Not Acceptable)

14411 S. Dixie Hwy.

83

Suite 206

84 City

Miami

FL

85

Zip Code

33176

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)

DATE

1-6-99

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	KING, WILLIAM P.	
STREET ADDRESS	14411 S DIXIE HIGHWAY SUITE 206	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	FAGEN, MILDRED H.	
STREET ADDRESS	14411 S DIXIE HIGHWAY SUITE 206	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Pres-Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	FAGEN, Mildred H.	
1.3 STREET ADDRESS	14411 S. Dixie Hwy., Suite 206	
1.4 CITY-ST-ZIP	Miami, Florida 33176	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mildred H. Fagen

1-6-99

305-253-3525

Date

Daytime Phone #

CR2E034 (11/98)

0254016