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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B, Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(7)

QUEEN ENTERPRISE, INC.

**FILED** Apr 17 1998 8:00am Secretary of State

Principal Place of Business		Mailing Address				a 1901bis aria siati gaine firidt saite inds aten dibli dibit didit giali dibli fifil		
% JANET OUEEN 348 WILSON AVE 8ATELLITE BEACH FL 32997		348 WILSON AVENUE SATELLITE BEACH FL 32937 US			DO NOT WRITE IN THIS SPACE			
UNICEDID D	SHOULD SECON	00				3. Date Incorporated or Qualified		
9 Principal P	lace of Business	2a. Mailing Ac	droce			09/10/1984 4. FEI Number Applied For		
2. Principal Place of Business		\- <u></u>				7 1751100 1 01		
Suite, Apt. #, etc.		Suite, Apl. #, etc.				59-2447898   Not Applicate		
22		27	h			5. Certificate of Status Desired Fee Required		
City & Stat	0	City & Stat	e			6. Election Campaign Financing \$5.00 May Be		
3		28				Trust Fund Contribution Added to Fees		
Zip	Country	Zip		Country		8. This corporation owes or has paid the current year Intangible		
24	25	29	30			Personal Property Tax due June 30.  Yes  No		
	<ol><li>Name and Address of Curre</li></ol>	ent Registered Agen	t			10. Name and Address of New Registered Agent		
QL	JEEN, JANET			81	Name			
	8 WILSON AVE			82	Street A	(ddress (P.O. Box Number is Not Acceptable)		
	TELLITE BEACH FL 32937					(* ) O. Box ( damps to the contract)		
-				83				
				84	City	<b>85</b> Zip Code		
					City	FL   P COUR		
SIGNATURE	Signature, typed or proted name of registered a OFFICERS AI	gestand (de Tappicable ND DIRLCTORS		gistered Age	nt signature n	equired when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P			1.1 TITLE	···	Change Addi		
NAME	QUEEN, ROBERT T.			1.2 NAME	i			
STREET ADDRESS	348 WILSON AVE		1	1.3 STREET	ADDRESS			
CITY-ST-ZIP	SATELLITE BEACH FL			14 CITY-S	T-ZIP			
TITLE	V			2.1 TITLE		☐ Change ☐ Addi		
NAME	QUEEN, JANET			2.2 NAME				
STREET ADDRESS 348 WILSON AVE			2.3 STREET ADDRESS		ADDRE\$S			
CITY-ST-ZIP	SATELLITE BEACH FL			2. 4 CiTY - 5	ST-ZIP			
TITLE			DELE <b>TE</b>	3.1 TITLE		Change Addi		
NAME				3.2 NAME				
STREET ADDRESS			ľ	33 STREET	ADDRESS			
CITY-ST-ZIP	<u> </u>			3.4. CITY-5	I - ZIP			
TITLE			DELET <b>E</b>	4.1 TITLE		Change Addi		
NAME				4. 2 NAME				
STREET ADDRESS				4.3 STREET	ADDRESS			
CITY-ST-ZIP				4.4 CITY - S	T-ZIP			
TITLE			DELETE	5.1 TITLE		☐ Change ☐ Addi		
NAME			ľ	5.2 NAME	)			
STREET ADDRESS				5.3 STREET	address			
CITY-ST-ZIP				5.4 CITY-S	T-ZIP			
TITLE	·-··		DELETE	6.1 TITLE		☐ Change ☐ Addi		
NAME				6.2 NAME				
STREET ADDRESS				6.3 STREET	ADDRESS			
_CITY-ST-ZIP				6.4 CITY-S	1 - 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 trusted 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.