1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H20387 1. Corporation Name

QUEEN ENTERPRISE, INC.

FILED Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90137 047 ***150.00



Principal Place of Business Mailing Address						. I (METAN) EVIA VIBIT GRIBE IN AL CORL CARR BYEN AVEN ALEN ALEN ALEN ALEN ALEN CARR
% JANET QUE	EN	348 WILSON AVENUE				
348 WILSON A	=	SATELLITE BEACH FL 32937			DO NOT WRITE IN THIS SPACE	
SATELLITE BEACH FL 32937 US						
						3. Date Incorporated or Qualifed
2 Deigning D	Han of Business	2a Mailing Address				09/10/1984 4. FEI Number Applied For
·	lace of Business	2a. Mailing Address				59-2447898 Not Applicable
Suite, Apt.	# oto	Suite, Apt. #, etc.	Suite Apt # etc			\$8.75 Additional
	#, BIL.	<u> </u>	27 Suite, Apr. #, etc.			5. Certificate of Status Desired Fee Required
City & Stat		City & State				6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country	Zip	Cou	intry		8. This corporation owes the current year Intangible
24	25	— <u> </u>	29 30			Personal Property Tax. Yes ZiNo
	9. Name and Address of Curre					10. Name and Address of New Registered Agent
				81	Name	
QUE	EN, JANET			82	Circot Addro	ress (P.O. Box Number is Not Acceptable)
	WILSON AVE			02	Street voore	ess (F.O. DOX Number is not Acceptable)
SAT	ELLITE BEACH FL 32937			83		
						los l Tie Code
				84	City	FL 85 Zip Code
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obligations.	e of Florida. Such change was a	uthorized	i by t	-named corpo the corporation	poration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered
SIGNATURE						
	Signature, typed or printed name of registered age			Agent	signature required	d when reinstating) DATE
12.		ND DIRECTORS	13.		·	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	.p	€ DETEIE	1.1 T			Onlarige Dividition 1
NAME	QUEEN, ROBERT T.		1,2 NAM			
STREET ADDRESS	348 WILSON AVE		1,3 STREE		1	1
CITY-ST-ZIP	SATELLITE BEACH FL	() DELETE	_	TY-ST	-ZIP	Change Addition
TITLE	V CHECK LANGE	☐ DELETE	2.1 Π			Strange Dyourge
NAME	QUEEN, JANET		2.2 NAME			
STREET ADDRESS	348 WILSON AVE		2.3 STREET ADDRESS		}	
CITY-ST-ZIP				ITY-\$1	r-ZIP	☐ Change ☐ Addition
TITLE		☐ DELETE	3.1 TI			, Change Addition
NAME			3.2 N/			
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP		☐ DELETE		ITY-ST	-ZIP	☐ Change ☐ Addition
TITLE		□ DECE IE	4.1 TT			Solitality Distriction
NAME			4. 2 N			
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP		□ pri str		TY-ST	-ZIP	☐ Change ☐ Addition
TITLE		☐ DELETE	5.1 TI 5.2 N			Counting Cou
NAME					ADDRESS	
STREET ADDRESS						
CITY-ST-ZIP		□ DELETE	5.4 CI 6.1 TI	TY-ST	- 4117	☐ Change ☐ Addition
TITLE		☐ OELETE	6.2 N)	Containing Control (
NAME					ADODECE	
STREET ADDRESS					ADDRESS	1
CITY-ST-7IP	İ		■ 6.4 CI	TY-ST	-217	

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: