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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1. Corporation	MENT # Name QUE, INC.	M3127	7							
Principal Place	of Business		Mailing Address			{DB DB } DB } UB	HIND HIND HOUSE	ii iadi diasi di	IBIH 1181) BIBN W	1011 01011 1001
Principal Place of Business Mailing Address % MICHAEL LOVE % MICHAEL LOVE										
3152 N.W. 30TH WAY 3152 N.W. 30TH WAY										
BOCA RATON FL 33431 BOCA RATON FL 33431						DO NOT WRITE IN THIS SPACE				
						 Date Incorporated o 04/30/1986 	r Qualifed			
2. Principal Place of Business			2a. Mailing Address			4. FEI Number			Apr	plied For
21			26			<u>59-2692429</u>				t Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			5. Certificate of Status	Desired		\$8.75 A Fee Re	
City & State	e		City & State			6. Election Campaign i	Financing		\$5.00	
23			28			Trust Fund Contribu			Added t	o Fees
Zip		Country	Zip	Country		8. This corporation own		ent year Int		
24	25		29	30		Personal Property T				□No
	9. Name and	Address of Curre	nt Registered Agent	81 Nam		10. Name and Address	S OT NEW K	egisterea	Agent	
LOVI	E MICHAEI			o i ivati	···-					
LOVE, MICHAEL 3152 N.W. 30TH WAY					et Address	(P.O. Box Number is N	lot Accepta	ble)		
BOCA RATON FL 33431										
	A 11A 1011 1 E 0	0101		83						
				84 City				FL	85 Zip 0	
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office or re agent. I a	egistered agent, on familiar with, an Signature, typed or prin	or both, in the State and accept the obligated agents agen	of Florida. Such change was a ations of, Section 607.0505, Flo ant and title if applicable. (NOTE ND DIRECTORS	uthorized by the corida Statutes. Registered Agent signatured.	rporation s	s board of directors, I ne	reby accep	DATE DATE	ID DIRECTO	RS IN 12
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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 chapted, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: Y

STREET ADDRESS



Daytime Phone #