

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Sep 01, 1999 8:00 am
Secretary of State

09-01-1999 90012 007 ***550.00

DOCUMENT # **P930000114401**
1. Corporation Name
MCQUE MANAGEMENT CORPORATION



Principal Place of Business
3651 CENTRAL AVE
ST PETERSBURG FL 33713
US

Mailing Address
PO BOX 1481
ST PETERSBURG FL 33733
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/08/1993

4. FEI Number
59-3166770

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. ☐ Yes ☐ No

2. Principal Place of Business
754 Lake Kathryn Cir

2a. Mailing Address **Pm 9423**

Suite, Apt. #, etc. **26 318 Indian Trail**

City & State
Casselberry, Fla.

City & State
Weston, FL

Zip
32707

Country **25**

Zip
33326

Country **30**

9. Name and Address of Current Registered Agent
ADDY, MILTON
3651 CENTRAL AVE
ST. PETERSBURG FL 33713

10. Name and Address of New Registered Agent

81 Name **Felipe J. Gonzalez**

82 Street Address (P.O. Box Number is Not Acceptable)
754 Lake Kathryn Cir

83

84 City **Casselberry** **FL** 85 Zip Code **32707**

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 **Felipe Gonzalez** **8/30/99**
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE **VD** ☒ DELETE
NAME **MILTON, ADDY**
STREET ADDRESS **1025 1ST AVE N**
CITY-ST-ZIP **ST PETERSBURG FL**

TITLE **PD** ☒ DELETE
NAME **QUEZON, VICTORIA**
STREET ADDRESS **1025 1ST AVEN**
CITY-ST-ZIP **ST PETERSBURG FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PVTS** ☐ Change ☒ Addition
1.2 NAME **Felipe J. Gonzalez**
1.3 STREET ADDRESS **16106 Opal Creek Dr.**
1.4 CITY-ST-ZIP **Weston, FL 33331**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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.

SIGNATURE: **SIGNATURE** **8/30/99** **934-385-3429**

CR2E034 (5/99)