## 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 # P93000065861 (5)

QUEEN CONSULTANTS, INC.

## FILED Feb 04 1998 8:00am Secretary of State



Principal Plac	e of Business	Mailing Address			f tonations tib thind titte beitt anter natet bar	ım Bısılı mildi sasın gildi ildi (86)
11300 OVERSEAS HWY. 11300 OVERSEAS H						
MARATHON	N FL <b>330</b> 50-3465	MARATHON FL 3305	0-3465		DO NOT WRITE IN TH	IS SPACE
]					3. Date Incorporated or Qualified	
					09/08/1993	
	lace of Business	2a. Mailing Address			4, FEI Number	Applied For
21		26			65-0444239	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22		27			<b>0.</b> 050	Fee Required
City & State	ө	City & State			6. Efection Campaign Financing	<b>\$5.00</b> May Be
23	Country	28 Zip	Cou	ntry	Trust Fund Contribution	Added to Fees
Zip 24	25)	29 29	30	in y	<ol> <li>This corporation owes or has paid the Personal Property Tax due June 30.</li> </ol>	current year Intangible
E+	9. Name and Address of Currer		[30] [		10. Name and Address of New Registers	
n	DOWDELL, THOMAS J III	···		81 Name		
11300 OVERSEAS HWY.						
	AARATHON FL 33050-3465			82 Street	Address (P.O. Box Number is Not Acceptable)	
	# 4 # (11011   E 00000 0 100		İ	83		······································
			[			
				84 City	F	2ip Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Stat	utes, the at	ove-named	corporation submits this statement for the purpose poration's board of directors. I hereby accept the a	
office or r agent. La	registered agent, or both, in the State im familiar with, and accept the oblig	of Florida. Such change was ations of, Section 607.0505	s authorizec Florida Stati	d by the corp utes.	poration's board of directors. I hereby accept the a	ppointment as registered
SIGNATURE			2000			
	Signature, typed or printed name of registered ago		OTE Registered	l Agent signature	required whon rainstating) DATE	
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PD SAME THE AND A	☐ DELET <b>e</b>	1.1 TIT	'		Change Addition
NAME	FAMALETTE, HILDA		1.2 NA	ME		
STREET ADDRESS	2917 SOMBRERO BLVD		1.3 ST	reet address		
CITY-ST-ZIP	MARATHON FL			TY-ST-ZIP		
TITLE	ST AAAAA STEE AAATAA OO MA	☐ DELETE	2.1 717	1		☐ Change ☐ Addition
NAME	FAMALETTE, ANTHONY		2.2 NA	· .		
STREET ADDRESS	2917 SOMBRERO BLVD			REFT ADDRESS		
CITY-ST-ZIP	MARATHON FL			TY-ST-ZIP		
TITLE		DELETE	3 1 TIT			Change Addition
NAME			3.2 NA			
STREET ADDRESS				reet address		
CITY-ST-ZIP				TY-S1-ZIP		
TITLE		☐ DELETE	4.1 T(T			Change Addition
NAME			4. 2 NA	1		
STREET ADDRESS				REET ADDRESS		
CITY-ST-ZIP	,	T priess		Y-ST-ZIP		Observe Tables
TITLE		☐ DELETE	5.1 TIT			Change Addition
NAME			5.2 NA			
STREET ADDRESS				reet address		
CITY-ST-ZIP		T priess		Y-ST-ZIP		
TITLE		☐ DELETE	6.1 TIT			Change Addition
NAME			6.2 NA	ME		
STREET ADDRESS			6.3 \$TE	REET ADDRESS		
CITY-ST-ZIP			64 CIT	Y-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 proof 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 of the receiver of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the co

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