

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
J. Mark A. Mouton
Secretary of State
Tallahassee, Florida 32399

APPROVED
AND
FILED

MAY 18 11:10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000085354 (6)**

1. Corporation Name

THE QUEENS TABLE INC

2. Principal Office Address

**1401 SIMONTON ST
KEY WEST FL 33040**

3. Mailing Address

**1401 SIMONTON ST
KEY WEST FL 33040**

4. Date of Incorporation (12/2/94)

3a. Date of Last Report

11/21/1994

21. State of Incorporation

26. Mailing Address

4. FID Number

Applied For
Not Applicable

65-0538106

22. State of Incorporation

27. Mailing Address

5. Certificate of Status Located

**\$8.75 Additional
Fee Required**

23. State of Incorporation

28. City & State

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

24. State of Incorporation

25. Country

29. City

30. Country

8. This corporation has liability for intangible tax under 15-109 (FAC)
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HUNT, NADINE
1401 SIMONTON ST
KEY WEST FL 33040**

81. Name

82. Street Address (P.O. Box Number is Not Applicable)

83. City

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.01(2)(c) and 607.15(5)(b), Florida Statutes, the above named corporation certifies this statement for the purpose of changing its registered office to the principal office of the corporation 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 the owner and accept the obligations of Section 607.01(2)(c), Florida Statutes.

Signature

12. OFFICERS AND DIRECTORS

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '95

1. NAME	HUNT, NADINE
2. Title	1401 SIMONTON ST
3. City	KEY WEST FL 33040
4. NAME	
5. Title	
6. City	
7. NAME	
8. Title	
9. City	
10. NAME	
11. Title	
12. City	
13. NAME	
14. Title	
15. City	
16. NAME	
17. Title	
18. City	
19. NAME	
20. Title	
21. City	

1. NAME	☐ Change ☐ Add
2. NAME	
3. NAME	
4. NAME	
5. NAME	
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8. NAME	
9. NAME	
10. NAME	
11. NAME	
12. NAME	
13. NAME	
14. NAME	
15. NAME	
16. NAME	
17. NAME	
18. NAME	
19. NAME	
20. NAME	
21. NAME	

14. I, the undersigned, certify that the information required with this filing is substantially true and correct, and that the corporation is duly organized and exists in good standing, and that the corporation shall have the same rights and privileges as other corporations in the State of Florida. I am the owner and accept the obligations of Section 607.01(2)(c), Florida Statutes, and I am the registered agent of the corporation.

SIGNATURE:

Nadine Hunt

L. NADINE HUNT

5/1/95

305 745-2202

0100305 CP

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**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Matheson
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

5/16/95 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000085418 (9)

1. Corporation Name:

MERIDIAN PROPERTIES, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
15001 N. STATE RD. 7 DELRAY BEACH FL 33446		15001 N. STATE RD. 7 DELRAY BEACH FL 33446	

2. Principal Place of Business		2a. Mailing Address	
21 State Apt. # 102		26 State Apt. # 102	
22 City & State		27 City & State	
23 Zip		28 Zip	
24 Country		29 Country	
25		30	

3. Date incorporated or qualified		3a. Date of last report	
11/21/1994			
4. FEI Number		Applied For Not Applicable	
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. Does corporation have liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No			

9. Name and Address of Current Registered Agent	
GLICKMAN, GARRY M 1601 FORUM PLACE SUITE 1101 WEST PALM BEACH FL 33401	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

11. I, undersigned, in the presence of Sections 199.03 and 199.032, Florida Statutes, the above-named corporation, hereby the statement for the purpose of changing its registered office or registered agent in both in the State of Florida. If no 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 obligation of the 199.03 and 199.032, Florida Statutes.

SIGNATURE

Signature of Registered Agent (if different from the above-named corporation)

Signature of Registered Agent (if different from the above-named corporation)

(11)

12. OFFICERS AND DIRECTORS	
12a. NAME	D CRAIG, ALISON
12b. STREET ADDRESS	15001 N. STATE RD. 7
12c. CITY, STATE, ZIP	DELRAY BEACH FL 33446
12d. NAME	
12e. STREET ADDRESS	
12f. CITY, STATE, ZIP	
12g. NAME	
12h. STREET ADDRESS	
12i. CITY, STATE, ZIP	
12j. NAME	
12k. STREET ADDRESS	
12l. CITY, STATE, ZIP	
12m. NAME	
12n. STREET ADDRESS	
12o. CITY, STATE, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
13a. NAME	☐ Change ☐ Addition
13b. STREET ADDRESS	
13c. CITY, STATE, ZIP	
13d. NAME	☐ Change ☐ Addition
13e. STREET ADDRESS	
13f. CITY, STATE, ZIP	
13g. NAME	☐ Change ☐ Addition
13h. STREET ADDRESS	
13i. CITY, STATE, ZIP	
13j. NAME	☐ Change ☐ Addition
13k. STREET ADDRESS	
13l. CITY, STATE, ZIP	
13m. NAME	☐ Change ☐ Addition
13n. STREET ADDRESS	
13o. CITY, STATE, ZIP	

14. I, undersigned, certify that the information supplied with this filing is voluntarily furnished and is true and accurate and that my signature shall have the same legal effect as if made in person. That I am an officer or director of the corporation or the manager or business empowered to execute this report as required by Chapter 199, Florida Statutes and that my name appears in Block 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE: *Alison Craig* ALISON CRAIG
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/16/95 (407) 495-5554