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PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400085354 (6)

THE QUEENS TABLE INC

FILED May 09 1997 8:00am Secretary of State



-Principal Plac	o of Business	Mailing Address						
1401 SIMONTON ST KEY WEST FL 33040		1401 SIMONTON ST KEY WEST FL 3304						
					3. Date incorporated or Qualified 11/21/1994	3s. Date of 05/01/1		
2. Principal f	lace of Business	2a, Mailing Address	S		4. FEI Number		Applied F	
21		26			65-0538106	<u> </u>	Not Appli	
Suite, Apl	#, etc.	Suite, Apt. #, et	C.		5. Certificate of Status Desired		Fee Required	
City & Stat	te	City & State			Election Campaign Financing Trust Fund Contribution		5.00 May B	
7)p	Country	Zip	Co	ountry	8. This corporation has liability for in			
4	25	29	30	•		Yes No		
	9. Name and Address of (10. Name and Address of New Re	glatered Ageni		
HU	NT, NADINE			81 Name				
	1 SIMONTON ST			82 Street Add	dress (P.O. Box Number is Not Acceptab	le)		
	Y WEST FL 33040			Speek Add	Gross (F.S. Dox realizer is fact recopied			
				83				
				84 City		FL 85	Zip Code	
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agent Li	am familiar with and accoping	phigations of rection out up	ODANION II BI BI	acutes.	J// 1/E //			
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SIGNATURE	Signatur Typed of printed name of tags	tered agent and tice if apphoable RS AND DIRECTORS	(NO)E: Registe	red Agent signature requ	<u> </u>	DATE CERS AND DIRE	ECTORS IN 1	2
SIGNATURE 12. TIILE	Signal of protect of protect name of regu-	tered agent and tice if apphoable	(NO1E: Registe 13 TE 1.1	red Agent signature requires.	ulred when reinstativu)	DATE CERS AND DIRE	ECTORS IN 1	2
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4. To bereby certify that the information supplied with this filling 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 at if made under oath, the I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, florid statutes, and that my name appears in Block 12 or Block 13 if charged, or on an attackment with an address.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SKINING OFFICER OR DIRECTOR

N/25/97 # 745 2002