## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000056599 (0)

QUE MANAGEMENT CORP.

Principal Place of Business
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Mailing Address

## FILED Apr 29 1997 8:00am Secretary of State



	WOODLAKE CIRCLE WELD BECH FL 3344	2		2036 WOODLAKE CIRCLE DEERFIELD BECH FL 33442-3726									
								3. Date Incorporated or Qualified 3a. Date of Last Fleport 07/21/1995 02/27/1996					
2. Prín 21	nolpal Place of Busi	iness	2a. Mailing Address 26	2a. Mailing Address 26				4. FEI Number 65-0607512	Applied For Not Applicable				
Sult 22	te, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 Additional Fee Required			
	/ & State		City & State	<b>⊢</b> ¬ ′				Election Campaign Financing     Trust Fund Contribution		,		May Be	
Zip 24	'	Country 25	Zip 29	<del></del>			8. This corporation has liability for intangible tax under s. 19 Florida Statutes Yes \( \sum \) No					199.032,	
g. Name and Address of Current Registered Agent						10, Name and Address of New Registered Agent							
	QUEALLY, BE	RNICE			81	Name	9						
	2036 WOODL			99 Street Address (B.O. Bo			(P.O. Box Number is Not Acceptab	ial	·				
		ECH FL 33442			82 Street Addres			s (P.O. Box Number is Not Acceptab	(Đ)				
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					B4	City			FL	85	Zip (	ode	
off	fice or registered a	gent, or both, in the State	e of Florida. Such change was	authorize	d by	the cor	d corpora	ation submits this statement for the present of directors. I hereby accep	urpose of	chang cintme	ing its	registered registered	
•	agent. I am familiar with, and accept the obtigations of, Section 607.0505, Florida Statutes.  SIGNATURE												
	Signature, type	d or printed name of registered as		Tf.: Registere	d Age	nt signatur	re required w	rhen reinstating)	DATE				
12.		OFFICERS AND DIRECTORS 13.						ADDITIONS/CHANGES TO OFFIC	ERS AND				
TITLE	P		☐ DELFTE	1.1 (1						L Cha	ange	Addition	
NAME	QUEALLY, BERNICE			1.2 NAM									
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CITY-ST-ZIP				D.4 L	111-5	I - ZIP	1						

4. I do 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 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 trusted 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.

CIONATURE. PARTICIPATION POLICE

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