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FILED

May 21 1998 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1998

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



DOCUMENT # P96000080642

1. Corporation Name

TWO QUEENS, INC

Principal Place of Business

Mailing Address

One Financial Plaza
Suite 2020
Ft Lauderdale, FL 33394

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

Sept. 30, 1996

2. Principal Place of Business

2a. Mailing Address

21 One Financial Plaza

26 Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 2020

27

City & State

City & State

23 Ft Lauderdale, FL

28

Zip

Country

Zip

Country

24 33394

25 USA

29

30

4. FEI Number

65-0702441

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

6. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CARYN GOLDENBERG CARVO, ESQ
4815 N. Federal Hwy 7th floor
Ft Lauderdale, FL 33308

81 Name CARYN GOLDENBERG CARVO, ESQ

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

One Financial Plaza

83 Suite 2020

84 City

Ft Lauderdale

FL

85 Zip Code

33394

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 607.0503, Florida Statutes.

SIGNATURE Caryl Goldenberg Carvo

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/30/98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE President
NAME Nancy Spender
STREET ADDRESS 4222 Indiverny Blvd
CITY-ST-ZIP Ft Lauderdale, FL 33319

TITLE SECRETARY/TREASURER
NAME CARYN CARVO
STREET ADDRESS One Financial Plaza, Suite 2020
CITY-ST-ZIP Ft Lauderdale, FL 33394

TITLE
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1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

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

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

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

6.1 TITLE
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: Caryl Goldenberg Carvo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/98 (984) 524-4450

Date

Daytime Phone #

CR2E034 (10/97)