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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90039 022 ***150.00

DOCUMENT #	P96000080642
1 Corporation Name	. 000000000

FORT LAUDERDALE FL 33394

TWO QUEENS, INC.

Principal Place of Business Mailing Address									
ONE FINANCIAL PLAZA STE 2020 ONE FINANCIAL PLAZA STE 2020 FORT LAUDERDALE FL 33394 FORT LAUDERDALE FL 33394			0						
			FL 3(1394			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or	Qualifed		
						09/30/1996			
2 Principal Pl	lace of Business	2a, Mailing Addres	s			4. FEI Number		Ar	pplied For
21		26				65-0702441		N/	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, e	tc.				Desired	\$8.75	Additional
22	,	27				5. Certifc ate of Status I	esired 🗀	Fee R	ec uired
City & State	e	City & State				6. Election Campaign F	inancing	\$5.00	May Be
23		28				Trust F und Contribut	ion 🗀	Added	tc Fees
Zip	Cour try	Zip		Country		8. This corporation owe	s the current year	ntangible	
24	25	29	30			Persor al Property Ta		Yes	_l⊒No
	9. Name and Address of Cu	irrent Registered Agent				10. Name and Address	of New Registers	d Agent	
				81	Name				
1	yn goldenberg Carvo, E			82	Street A	dress (P.O. Bo) Number is N	nt Acceptable)		
	FINANCIAL PLAZA STE 202	20			Jueet At	diess () .o. box Hambor is it	м. коорияли,		
FOR	T LAUDERDALE FL 33394			83			-		
				04	Cit.			85 Zip	Code
				84	City		F		0300
l office or n	to the provisions of Sections 607 egistered agent, or both, in the S m familiar with, and accept the of	tate cf Florida. Such change	was authori	ized by I	the corpora	rporation submi s this statemention's board of directors. I her	nt for the purpose aby accept the app	of changing its ointment as re	egistered egistered
SIGNATUF:E	Signature, typed or printed name of registere	ed agent and title if applicable.	(NOT E: Regist	tered Agent	signature req	pired when reinstating)	DATE		
12.		S ANI) DIRECTORS		13.		ADDITIONS/CHANGE	S TO OFFICERS	AND DIRECTO	ORS IN 12
TITLE	Р	☐ DEL	ETE 1	1.1 TITLE				☐ Change	☐ Addition
NAME	SPENDER, NANCY		1	12 NAME					
STREET ADDRESS	4222 INVERRARY BLVD.		1	1.3 STREET ADDRESS					
CITY-ST-ZIP	LAUDERHILL FL 33319			1.4 CITY-ST-ZIP					
TITLE	S/T	☐ DEL		1 TITLE				☐ Change	☐ Addition
NAME	CARVO, CARYN		,	2 NAME	}				
0 WHL	ONE EINANCIAL DI AZA ST	TE 2020	1		ADDDESS				

STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP C(TY-ST-Z)P ☐ DELETE 6.1 TITLE ☐ Change ☐ Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

. 4 CITY-ST-ZIP

3.3 STREET ADDRESS

4.3 STREET ADDRESS

3.4. CITY-ST-ZIP

3.1 TITLE

3.2 NAME

4.1 TITLE

4. 2 NAME

DELETE

☐ DELETE

14. I heretly certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0°(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 changes, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

Addition

Addition

Change

☐ Change