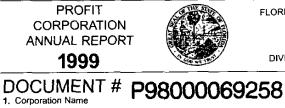
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999

QUEEN TOO, INC.



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Mar 05, 1999 8:00 am Secretary of State 03-05-1999 90117 004 \*\*\*150.00

 <b>a)                                    </b>	<b>Ba</b> in <b>Ba</b> in	 18218 21 <b>88</b> 1	

- <del></del>								
Principal Place of Business Mailing Address								
125 MARSHWOOD LANE 8125 MARSHWOOD LANE LAKE WORTH FL						DO NOT WRITE IN TH	S SPACE	
						3. Date Incorporated or Qualifed		
						08/10/1998	<del></del>	
2. Principal Pl	ace of Business	2a. Mailing Address	2a. Mailing Address					Applied For
1		26	26			65-0801410		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	• -	Additional - Required
City & State	e	City & State				6. Election Campaign Financing Trust Fund Contribution		May Be d to Fees
Zip	Country	Zip	Cou	intry		8. This corporation owes the current year I	ntangible	
4	25	29	30			Personal Property Tax.	☐ Yes	<u>No</u>
	9. Name and Address of Curre	ent Registered Agent		1		10. Name and Address of New Registere	d Agent	
				81	Name			
ROBBINS, JOAN 8125 MARSHWOOD LANE				82	Street Addr	dress (P.O. Box Number is Not Acceptable)		
LAKE	WORTH FL			83				
				84	City	F	85 Zir	p Code
office or n	egistered agent, or both, in the Stat m familiar with, and accept the oblic	e of Florida. Such change was gations of, Section 607.0505, F	authorize Iorida Stat	d by tutes.	the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the app	ointment as	registered
12.	Signature, typed or printed name of registered a	Sent and trie if applicable. (NO AND DIRECTORS	13.		r signature required	ADDITIONS/CHANGES TO OFFICERS	AND DIREC	TORS IN 12
TITLE	D	DELETE	1.1 T				Change	
NAME	ROBBINS, JOAN		1.2 N	IAME				
STREET ADDRESS	8125 MARSHWOOD LANE				ADDRESS			
CITY-ST-ZIP	LAKE WORTH FL		1	iTY-Si				
TITLE	LAKE WOMITTE	☐ DELETE	2.1 T				☐ Change	e Addition
NAME	<u> </u>		2.2 N	IAME				
STREET ADDRESS			2.3 \$	TREET	ADDRESS	,	_	
CITY-ST-ZIP			2.40	CITY-S	T-ZIP			
TITLE		☐ DELETE	3.1 T	ITLE			Change	e Addition
NAME			3.2 N	IAME				
STREET ADDRESS			3.3 S	TREET	ADDRESS			
CITY-ST-ZIP			3.4. 0	CITY-S	T-ZIP			
TITLE		☐ DELETE	: 4.1 T	TTLE			Chang	je 🗌 Addition
NAME			4.21	NAME				
STREET ADDRESS			4.3 S	TREET	ADDRESS			
CITY-ST-ZIP				лу-s:	T-ZIP		C3.Chana	je
TITLE		☐ DELETE	5.1 T			•	Chang	e Modillou
NAME				IAME				
STREET ADDRESS			- 1		ADDRESS			
CITY-ST-ZIP		<del></del>		ATY-S	T-ZIP		[7.65	In Addition
TITLE		☐ DELETE		TITLE			Chang	je 🔲 Addition
NAME			- 1	NAME				
STREET ADDRESS			6.3 S	TREET	ADDRESS			

14. 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 of 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: