

FILED
Mar 30 1998 8:00am
Secretary of State

DOCUMENT # S91673 (1)
1. Corporation Name
QUEENS HARBOUR PROPERTIES, INC.

Principal Place of Business	Mailing Address
13361 ATLANTIC BLVD. JACKSONVILLE FL 32225-3129	13361 ATLANTIC BLVD. JACKSONVILLE FL 32225-3129

2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24	25	29	30

9. Name and Address of Current Registered Agent		81	Name
DODSON, THOMAS J., JR. 13361 ATLANTIC BLVD. JACKSONVILLE FL 32225		82	Street Address
		83	
		84	City

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation or registered agent, or both, in the State of Florida. Such change was authorized by the corporate agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required)

12. OFFICERS AND DIRECTORS			13.	
TITLE	P	<input type="checkbox"/> DELETE	1.1 TITLE	Vic
NAME	DODSON, J. THOMAS		1.2 NAME	6
STREET ADDRESS	13361 ATLANTIC BLVD		1.3 STREET ADDRESS	23
CITY - ST - ZIP	JACKSONVILLE FL		1.4 CITY - ST - ZIP	CL
TITLE	V	<input type="checkbox"/> DELETE	2.1 TITLE	
NAME	KNIGHT, THOMAS		2.2 NAME	
STREET ADDRESS	13361 ATLANTIC BLVD		2.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL		2.4 CITY - ST - ZIP	
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE	
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY - ST - ZIP			3.4 CITY - ST - ZIP	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY - ST - ZIP			4.4 CITY - ST - ZIP	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY - ST - ZIP			5.4 CITY - ST - ZIP	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY - ST - ZIP			6.4 CITY - ST - ZIP	

3. Date Incorporated or Qualified 11/05/1991		
4. FEI Number 59-3100210	<input type="checkbox"/>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		
10. Name and Address of New Registered Agent		
ss (P.O. Box Number is Not Acceptable)		
FL		85 Zip Code

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.

CR2E034 (10/97)