

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # V37293 (0)

1. Corporation Name

QUEEN ENTERPRISES OF JENSEN BEACH, INC.



Principal Place of Business

Mailing Address

**3189 NW. FEDERAL HWY
JENSEN BEACH FL 34957
US**

**9 HERITAGE WAY
STUART FL 34996-6735
US**

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

**STEPHAN, MARTIN
9 HERITAGE WAY
STUART FL 34996**

3. Date Incorporated or Qualified
05/18/1992

3a. Date of Last Report
04/04/1995

4. FEI Number
65-0340589

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name **Carol Stephan**
82 Street Address (P.O. Box Number is Not Acceptable)
9 HERITAGE Way
83
84 City **Stuart** FL 85 Zip Code **34996**

11. Pursuant to the provisions of Sections 607.07(2) and 607.15(6), Florida Statutes, the above named corporation submits the 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 607.05(6), Florida Statutes.

SIGNATURE

Carol Stephan

Carol Stephan Pres.

3/15/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	☐ DELETE
NAME	STEPHAN, CAROL	
STREET ADDRESS	9 HERITAGE WAY	
CITY, ST, ZIP	STUART FL	
TITLE	S	☐ DELETE
NAME	Joseph Burke III	
STREET ADDRESS	9 Heritage Way	
CITY, ST, ZIP	STUART, FL 34996	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	☐ Change ☒ Addition
22 NAME	SECRETARY
23 STREET ADDRESS	Joseph Burke III
24 CITY, ST, ZIP	9 Heritage Way
25 TITLE	☐ Change ☐ Addition
26 NAME	STUART, FL 34996
27 STREET ADDRESS	
28 CITY, ST, ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(g), 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, or powered 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 as an attachment with an address.

SIGNATURE: *Carol Stephan* *Carol Stephan* *3/15/96 (407) 692-9993*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)