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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # J05786 (5) UNIQUE BUILDERS INTERNATIONAL, INC.									
Principal Plac	e of Business	Mailing Address	Mailing Address			-	IDIN DANIN DIN	HI TOTALI OTOTA I	PARA NATA
5750 MAJOR BLVD.		5750 MAJOR BLVD.							
#360 ORLANDO FL 32819		#380 ODLANDO EL 99910 7090	#380 ORLANDO FL 32819-7839						
		OUDVIEW LE 2501 \$-1002					te of Last Report 3/1996		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	1 191 -		plied For	
21 AS Asove						59-2874615	Not Applicable		
Suite, Apt. #, etc.		Suite, Apt #, etc.				5. Certificate of Status Desired		\$8.75 / Fee Re	
City & State		City & State			6. Election Campaign Financing		\$5.00		
23	·	28			Trust Fund Contribution		Added t		
Zip	Country	Zip	Co	untry		8. This corporation has liability for i	ntangible	tax under s	. 199.032,
24	25	29	30	·		Florida Statutes Yes You No			
	9. Name and Address of Curre	nt Registered Agent		81 Na		10. Name and Address of New Re	Istered A	gent	
RAAD, MAT. T 9252 PALM TREE DR WINDERMERE FL 34786						ess (P.O. Box Number is Not Acceptab	le)	711	
				84 City			FL	1 1	Code
SIGNATURE	MID O' AND O'S granted registered as	peri managana (N	OTE: Register	ed Ageni sign	165	oration submits this statement for the pon's board of directors. I hereby accepted when relinstances	DATE	14.97	
12. THLF	PV OFFICERS AF	ND DIRECTORS	13,	TITLE		ADDITIONS/CHANGES TO OFFIC	ENS AND	Change	Addition
NAME	RAAD, MAT. T			1.2 NAME					
STREET ADDRESS	9252 PALM TREE DRIVE WINDERMERE FL		. 1	1.3 STREET ADDRESS					:
C(1Y+S1+ZIP TITLE	DELETE			CITY-ST-ZIP Fitle				Change	Addition
NAME				2.2 NAME					
STREET ADDRESS			2.3 9	2.3 STREET ADDRESS					İ
CITY - S1 - 7IP			2.4	2. 4 CITY-ST-ZIP			<u></u>		
Tall£	DELETE		3.1 7	3.1 TITLE				L Change	Addition
NAME				NAME					
STREET ADDRESS			1	STREET ADDRE	SS				
CHY-ST-7P THLE		DELETE		CITY-ST-ZIP TITLE			<u></u>	Change	Addition
NAME		L.J DECERE		NAME	Ì			C) Origings	Tagallon (m)
STREET ADDRESS				STREET ADDRE	:00				
CHY-ST-ZIP			1	CITY-ST-ZIP					
TITLE				5.1 TITLE		()		Change	Addition
NAME			5.2	NAME		• •			
STREET ADDRESS			5.3	STREET ADDRI	ss				
CITY - \$1 - ZIP			5.4	CITY-ST-ZIP					
TITLE		DELETE	61	TITLE				Change	☐ Addition
NAME				NAME	.				
STREET ADDRESS	\		6.3	streft addri	SS .				

6.4 CITY-ST-ZIP

14. I do 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.14.97 447-3542126 Date Dayline Pront + 0000970

FILED

Apr 18 1997 8:00am

Secretary of State