

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995. AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 95 AUG -9 PM 2: 35**

**DOCUMENT # K31249 (1)**  
1. Corporation Name  
**UNIQUE TRAVEL CONSULTANTS, INCORPORATED**

Principal Place of Business      Mailing Address  
**949 BEACHLAND BLVD  
VERO BEACH FL 32963  
US**                                      **949 BEACHLAND BLVD.  
VERO BEACH FL 32963  
US**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business      2a. Mailing Address  
21 **See ABOVE**      26 **See ABOVE**  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
22 " "      27 " "  
City & State      City & State  
23 " "      28 " "  
Zip      Country      Zip      Country  
24 **32963**      25 **IND RIVER**      29 **32963**      30 **IND RIVER**

3. Date incorporated or Qualified      3a. Date of Last Report  
**08/17/1988**      **03/01/1994**  
4. FEI Number      Applied For  
**65-0067258**      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. 189.032, Florida Statutes       Yes       No

9. Name and Address of Current Registered Agent  
**D'AURIA, ANGELA  
949 BEACHLAND BLVD.  
VERO BEACH FL 32963**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City      85 Zip Code  
**FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this 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 607.0505, Florida Statutes.

SIGNATURE      Signature, typed or printed name of registered agent and fee if applicable.      (NOTE: Registered Agent signature required when reinstating)      DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>D'AURIA, ANGELA</b>
STREET ADDRESS	<b>949 BEACHLAND</b>
CITY - ST - ZIP	<b>VERO BEACH FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: Angela D'Auria, President      Date: 7/30/95      Daytime Phone: 407 234-1725  
ANGELA D'AURIA

CR2E034 (3/95)