

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 654244 (3)
1. Corporation Name
UNIQUE HOMES OF AMERICA, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 13 AM 11:24

Principal Place of Business Mailing Address
3300 S. HIWASSEE RD. 3300 S. HIWASSEE RD.
SUITE #107 SUITE #107
ORLANDO FL 32835-6331 ORLANDO FL 32835-6331

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 7651 Ashley Park Ct.		26 SAME		01/31/1980	01/19/1994
22 Suite 408		27		4. FEI Number	Applied For
23 Orlando, Florida		28		59-2067122	Not Applicable
24 32835		25 USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
29		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
29		30		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
JULIAN, MARVIN DUANE 3300 S. HIWASSEE RD. SUITE 107 ORLANDO FL 32835				81 Name	Julian, M. Duane		
				82 Street Address (P.O. Box Number is Not Acceptable)	7651 Ashley Park Court		
				83	Suite 408		
				84 City	Orlando, Florida	FL	85 Zip Code

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 M. Duane Julian *M. Duane Julian* DATE 2/2/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JULIAN, M. DUANE	1.2 NAME	JULIAN, M. DUANE
STREET ADDRESS	3300 S. HIWASSEE RD. SUITE #107	1.3 STREET ADDRESS	7651 Ashley Park Court, #408
CITY - ST - ZIP	ORLANDO FL	1.4 CITY - ST - ZIP	Orlando, Florida 32835
TITLE	VAS	2.1 TITLE	VAS <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JULIAN, DEBRA A.	2.2 NAME	JULIAN, DEBRA A.
STREET ADDRESS	3300 S. HIWASSEE RD. SUITE #107	2.3 STREET ADDRESS	7651 Ashley Park Court; #408
CITY - ST - ZIP	ORLANDO FL	2.4 CITY - ST - ZIP	Orlando, Florida 32835
TITLE	ST	3.1 TITLE	ST <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURNS, MARIAN G.	3.2 NAME	BURNS, MARIAN G.
STREET ADDRESS	3300 S. HIWASSEE RD. SUITE #107	3.3 STREET ADDRESS	7651 Ashley Park Court, #408
CITY - ST - ZIP	ORLANDO FL	3.4 CITY - ST - ZIP	Orlando, Fla. 32835
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 199.03(2)(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 affidavit.

SIGNATURE: M. Duane Julian *M. Duane Julian* DATE 2/2/95 (407) 295-5600

Processing and Distribution Center
Orlando, Florida 32862-9997



Dear Customer:

The enclosed mail was found outside the normal mail processing system and/or has been damaged in handling in the Postal Service. On behalf of the Postal Service, we extend apologies for any inconvenience caused you.

Sincerely,

A handwritten signature in cursive script that reads "William H. Moore".

William H. Moore

Plant Manager
Processing and Distribution