

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

APPROVED  
AND  
FILED

DOCUMENT # 654244 (3)

1. Corporation Name

UNIQUE HOMES OF AMERICA, INC.

96 JAN 23 AM 10:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

7651 ASHLEY PARK CT  
408  
ORLANDO FL 32835  
US

Mailing Address

7651 ASHLEY PARK CT  
408  
ORLANDO FL 32835  
US

3. Date Incorporated or Qualified  
01/31/1980

3a. Date of Last Report  
02/13/1995

2. Principal Place of Business

2a. Mailing Address

21 7515 PARK SPRINGS CIR.

26 7515 PARK SPRINGS CIR.

4. FEI Number

59-2067122

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 ORLANDO, FL

28 ORLANDO, FL

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

24 32835

25 ORANGE

29 32835

30 ORANGE

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JULIAN, MARVIN DUANE  
7651 ASHLEY PARK COURT  
SUITE 408  
ORLANDO FL 32835

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)  
7515 PARK SPRINGS CIRCLE

83

84 City  
ORLANDO,

FL

85 Zip Code  
32835

11. Pursuant to the provisions of Sections 607.0507 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

1/15/96

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

NAME  
JULIAN, M. DUANE  
STREET ADDRESS  
7651 ASHLEY PARK COURT, #408  
CITY-STATE-ZIP  
ORLANDO FL

1.2 NAME ☐ DELETE

NAME  
JULIAN, DEBRA A.  
STREET ADDRESS  
7651 ASHLEY PARK COURT, #408  
CITY-STATE-ZIP  
ORLANDO FL

1.3 NAME ☐ DELETE

NAME  
BURNS, MARIAN G.  
STREET ADDRESS  
7651 ASHLEY PARK COURT, #408  
CITY-STATE-ZIP  
ORLANDO FL

1.4 NAME ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

1.5 NAME ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

1.6 NAME ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS  
7515 PARK SPRINGS CIRCLE  
1.4 CITY-STATE-ZIP  
ORLANDO, FL 32835

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
7515 PARK SPRINGS CIRCLE  
2.4 CITY-STATE-ZIP  
ORLANDO, FL 32835

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
1334 KURUME COURT  
3.4 CITY-STATE-ZIP  
ORLANDO, FL 32818

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
400001701584  
-01/30/96--01094--007  
4.4 CITY-STATE-ZIP  
\*\*\*\*198.00 \*\*\*\*198.00

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
400001701584  
5.4 CITY-STATE-ZIP  
-01/30/96--01094--008

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP  
\*\*\*\*\*2.00 \*\*\*\*\*2.00

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 119.07(3)(k), 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, unchanged, or on an attachment, with an address.

SIGNATURE:

M. DUANE JULIAN

1/15/96

(407)295-5336

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)