

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 10 AM 7:59

DOCUMENT # 857675 (3)

1. Corporation Name

UNIQUE FURNISHINGS LIMITED (INCORPORATED)

Principal Place of Business

12695-59TH WAY
CLEARWATER FL 34620

Mailing Address

12695-59TH WAY
CLEARWATER FL 34620

DO NOT WRITE IN THIS SPACE.

AFTER 4/10/85:

2. Principal Place of Business

21 13811 U.S. Highway 19 N.

2a. Mailing Address

26 13811 U.S. Highway 19 N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Clearwater, FL

City & State

28 Clearwater, FL

Zip

24 34624

Country

25 U.S.A.

Zip

29 34624

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

RABE, COLLEEN WESTOVER
12695-59TH WAY
CLEARWATER FL 34620

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME RABE, COLLEEN WESTOVER
STREET ADDRESS 120 WOODCREEK DR
CITY-ST-ZIP SAFETY HARBOR

TITLE VD
NAME O'BRIEN, DANIEL
STREET ADDRESS 1708 KASPER DR.
CITY-ST-ZIP APPLETON WI

TITLE SD
NAME O'BRIEN, THERESA
STREET ADDRESS 1708 KASPER DR.
CITY-ST-ZIP APPLETON WI

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 ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 118.07(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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/85 (813) 530-3456