

4-22-98B-5296 C
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FILED
 Apr 22 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 857675 (3)
 1. Corporation Name
 UNIQUE FURNISHINGS LIMITED (INCORPORATED)



Principal Place of Business: 13811 US HIGHWAY 19 NORTH, CLEARWATER FL 34624, US
 Mailing Address: 13811 US HIGHWAY 19 NORTH, CLEARWATER FL 34624, US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-24): Suite, Apt. #, etc.; City & State; Zip 33764, Country
 2a. Mailing Address (25-28): Suite, Apt. #, etc.; City & State; Zip 33764, Country

3. Date Incorporated or Qualified: 09/09/1983
 4. FEI Number: 39-1419237
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing: \$5.00 May Be Added to Fees
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
 RABE, COLLEEN WESTOVER
 13811 US HWY 19 NORTH
 CLEARWATER FL 34624

10. Name and Address of New Registered Agent
 B1 Name
 B2 Street Address (P.O. Box Number is Not Acceptable)
 B3
 B4 City
 FL B5 Zip Code 33764

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RABE, COLLEEN WESTOVER	1.2 NAME	
STREET ADDRESS	120 WOODCREEK DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	SAFETY HARBOR	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RABE, THOMAS L	2.2 NAME	
STREET ADDRESS	120 WOODCREEK DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	SAFETY HARBOR FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'BRIEN, THERESA	3.2 NAME	
STREET ADDRESS	1706 KASPER DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	APPLETON WI	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RABE, COLLEEN W	4.2 NAME	
STREET ADDRESS	120 WOODCREEK DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	SAFETY HARBOR FL	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 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 in an attachment with an address.

SIGNATURE: _____ DATE: 4/20/98 (1012) 580-2157

CR2E034 (10/97)