

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F63665** (6)
1. Corporation Name
UNIQUE TECHNOLOGY, INC.



Principal Place of Business: **5775 MCINTOSH ROAD SARASOTA FL 34233**
Mailing Address: **5775 MCINTOSH ROAD SARASOTA FL 34233**

3. Date Incorporated or Qualified: **01/19/1982**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-2268782**
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. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24)
2a. Mailing Address (26-30)
City & State (22, 27)
Zip (24, 29) Country (25, 30)

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JAMES, ARTHUR S.
2213 SHADOW LAKES DRIVE
SARASOTA FL 34240**

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 607.1503, 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 of Registered Agent

Signature of Officer or Director

DATE

12. OFFICERS AND DIRECTORS

TITLE: **PST** DELETE
NAME: **JAMES, ARTHUR S.**
STREET ADDRESS: **2213 SHADOW LAKES DR**
CITY-ST-ZIP: **SARASOTA FL**

TITLE: **VP** DELETE
NAME: **HEATH, DONALD E.**
STREET ADDRESS: **620 S. CASEY KEY RD**
CITY-ST-ZIP: **NOKOMIS FL**

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE: Change Addition
12 NAME:
13 STREET ADDRESS:
14 CITY-ST-ZIP:

21 TITLE: Change Addition
22 NAME:
23 STREET ADDRESS:
24 CITY-ST-ZIP:

31 TITLE: Change Addition
32 NAME:
33 STREET ADDRESS:
34 CITY-ST-ZIP:

41 TITLE: Change Addition
42 NAME:
43 STREET ADDRESS:
44 CITY-ST-ZIP:

51 TITLE: Change Addition
52 NAME:
53 STREET ADDRESS:
54 CITY-ST-ZIP:

61 TITLE: Change Addition
62 NAME:
63 STREET ADDRESS:
64 CITY-ST-ZIP:

200001796932
-04/26/96--01100--013
***200.00

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)(a), 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, the receiver or trustee empowered to execute its report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or both, in attachment with an address.

SIGNATURE: *Arthur James* **ARTHUR JAMES**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/96 **941-923-1427**
DATE OF FILING OFFICE PHONE NUMBER

CR2E034 (12/95)

4/22/96