## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## FILED Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90082 003 \*\*\*150.00

DOCUMENT # G32094  1. Corporation Name	
UNIQUE CUSTOM TRIM, INC.	

UNIQUE	CUSTOM TRIM, INC.					
		, ,				
,		. }				
Principal Place	of Business	Mailing Address				
% DIANE HAUS	ER	% DIANE HAUSER				. 4
6116 N.W. 20TH		6116 N.W. 20TH COURT				DO NOT WRITE IN THIS SPACE
MARGATE FL 3	3063	MARGATE FL 33063				3. Date Incorporated or Qualified
		1				04/06/1983
<u> </u>	CAP :					4. FEI Number Applied For
	lace of Business	2a. Mailing Address		يحجع د		59-2292196 Not Applicable
Suite, Apt.	# ata	Suite, Apt. #, etc.		<del></del>		\$8.75 Additional
22 Suite, Apr.	#, etc.	27				5. Certificate of Status Desired Fee Required
City & State	е	Cíty & State				6. Election Campaign Financing 55.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country	Zip	Cou	ıtry		8. This corporation owes the current year Intangible
24	25	29	30			Personal Property Tax.  Yes No
	9. Name and Address of Curre	nt Registered Agent		<u> </u>		10. Name and Address of New Registered Agent
LIALI	CED DIANE		1	81 N	ame	
	SER, DIANÉ 8 N.W. 20TH COURT		ŀ	82 SI	treet Addre	ess (P.O. Box Number is Not Acceptable)
			}			
MAR	GATE FL 33063		ĺ	83		1
1			ł	84 C	ity	85 Zip Code
					•	F <u>L</u>   <u>}</u>
office or n	to the provisions of Sections 607.05/ egistered agent, or both, in the State m familiar with, and accept the oblig	of Florida. Such change was a	uthorized	by the	med corpo corporation	oration submits this statement for the purpose of changing its registered in s board of directors. I hereby accept the appointment as registered
SIGNATURE	, -					
OTOTATORE	Signature, typed or printed name of registered age			Agent sign	ature required	when reinstating) DATE
12.		ND DIRECTORS	13.		<del></del>	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition
TITLE	DP	☐ DELETE	1.1 TiT		1	· · · · · ·
NAME (	HAUSER, RAYMOND		1.2 NA			
STREET ADDRESS	6116 N.W. 20TH COURT		1.3 ST	REET ADD	RESS	· <sub>gra</sub> nts (4 mark
CITY-ST-ZIP	MARGATE FL	- Flagrett		1.4 CITY-ST-ZIP		Change Addition
TITLE	DV	☐ DELETE	1	2.1 TITLE		, Challe Li Addition
NAME	HAUSER, DIANE		2.2 NA		ĺ	
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NAME	•′		3.2 NA		]	
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CITY-ST-ZIP				TY-ST-ZIF		TO AL POTA JUST.
mue		☐ DELETE	4.1 TIT		J	Change Addition
NAME			4. 2 NA	ME	}	•
STREET ADDRESS			4.3 ST	REET ADD	RESS	•
CITY-ST-ZIP				Y-ST-ZIP	·	
TITLE		☐ DELETE	5.1 TIT			☐ Change ☐ Addition
NAME			5.2 NA			
STREET ADDRESS			L	REET ADO	- 1	
CITY-ST-ZIP				Y-ST-ZIP	<u>'                                    </u>	
TITLE		DELETE	6.1 ता		}	☐ Change ☐ Addition
NAME			6.2 NA	ME		

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 on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

**SIGNATURE:** 

STREET ADDRESS

SIGNATURE AND THE OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4-3-99

954-972 - 0063 Daytime Phone #