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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G68363**

(2)

1. Corporation Name

FURNITURE UNIQUE, INC.



Principal Place of Business

**914 S.E. 13TH PLACE
CAPE CORAL FL 33990**

Mailing Address

**914 S.E. 13TH PLACE
CAPE CORAL FL 33990**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

**GAUBEART, HARRY JAMES
1101 S.E. 12TH AVENUE
CAPE CORAL FL 33904**

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 617.07(2) and 617.15(1), 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 617.07(1)(b), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**PD
GAUBEART, HARRY JAMES
1526 S. E. 11TH AVENUE
CAPE CORAL FL**

[] DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**VST
GAUBEART, CHRISTINE ANN
1526 S. E. 11TH AVENUE
CAPE CORAL FL**

[] DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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STREET ADDRESS
CITY-STATE-ZIP

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14. I, the undersigned, 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 included 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 this corporation or the registered or proposed registered agent, 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 a separate block with an addition.

SIGNATURE:

Christine Gaubeart
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vice President

4/26/96 941 574-4646

CR2E034 (12/95)