

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # H19181 (7)

1. Corporation Name
UNIQUE RESTAURANT CONCEPTS, INC.

Principal Place of Business
490 E. PALMETTO PARK RD., SUITE 110
BOCA RATON FL 33432

Mailing Address
490 E. PALMETTO PARK RD., SUITE 110
BOCA RATON FL 33432-5065

FILED

97 MAY 12 PM 12:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

08/30/1984

3a. Date of Last Report

05/01/1996

4. FEI Number

59-2457541

Applied For

Not Applicable

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

9. Name and Address of Current Registered Agent

MAX, DENNIS
490 E. PALMETTO PARK RD., SUITE 110
BOCA RATON FL 33432

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSD
NAME MAX, DENNIS
STREET ADDRESS 490 E. PALMETTO PARK RD., SUITE 110
CITY-ST-ZIP BOCA RATON FL 33432

TITLE VPD
NAME MAX, PATTY
STREET ADDRESS 490 E. PALMETTO PARK RD., SUITE 110
CITY-ST-ZIP BOCA RATON FL 33432

TITLE TD
NAME BURTON, RAPOPORT,
STREET ADDRESS 5300 N.W. 23RD WAY
CITY-ST-ZIP BOCA RATON FL 33496

TITLE D
NAME DANIEL CATALFUMO,
STREET ADDRESS 1540 LATHAM ROAD
CITY-ST-ZIP WEST PALM BEACH FL 33409

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
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
300002174343-047
-05/12/97--01002--044
*****8.75 *****8.75

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

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
300002174343-047
-05/12/97--01002--047
*****550.00 *****550.00

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

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
Change Addition

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/9/97 561-392-0611

CR2E034 (9/96)