SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS H47184 **DOCUMENT #** VISUALLY UNIQUE ARTS, INC. Principal Place of Business Mailing Address 180 N.E. 33RD STREET 180 N.E. 33RD STREET FT LAUDERDALE FL 33334 FT LAUDERDALE FL 33334 3a. Date of Last Report 3. Date Incorporated or Qualified 03/14/1985 05/04/1995 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 59-2500504 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 **\$5.00** May Be City & State City & State 6. Flection Campaign Financing Added to Fees 28 Trust Fund Contribution 23 Ζıρ Zψ Country 8. This corporation has liability for intangible tax under s. 199 032 Yes No 30 Florida Statutes 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name RUSSELL, DORRAN 107 ROYAL PARK DR. #3H 82 Street Address (P.O. Box Number is Not Acceptable) FT LAUDERDALE FL 33309 83 Zip Code 84 City 85 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE ĎA!Ē Signative Appealable problem from a of negation diagonal and tide if appealable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (3/86)OFFICERS AND DIRECTORS 12 13. DELETE 1.1 TITLE TITLE RUSSELL, DORRAN E034 1.2 NAME NAME 180 NE 33RD ST STREET ADDRESS 1.3 STREET ADDRESS FT LAUDERDALE FL CITY-ST-ZIP 14 CHTY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE 2.2 NAME NAME 23 STREET ADDRESS STREET ADDRESS 2 4 CiTY - ST - ZIP CHY - ST-ZIP Change Addition DELETE TITLE 3.1 TITLE 3.2 NAM NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP Change Addition DELETE TITLE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS SIREET ADDRESS 5.4 CiTY - S1 - ZIP CITY-ST-ZIP Charige Addition DELETE TITLE 6.1 TiTLE 6.2 NAME STREET ADDRESS 64 CHY - S1 - ZIP CITY - ST - ZIP with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes 1 14. I do hereby certify that further certify that the in ne information supplie vis annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if In the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Fiorida Statutes, and miation indicated on made under oath, that Li in officer or directa that my name appears in or on an attachment with an address

S.1111.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: