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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State

Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT # **H47184** (7)VISUALLY UNIQUE ARTS, INC. Principal Place of Business Mailing Address 180 N.E. 33RD STREET 180 N.E. 33RD STREET FT LAUDERDALE FL 33334-1142 FT LAUDERDALE FL 33334 3a. Date of Last Report 3. Date Incorporated or Qualified 03/14/1985 06/18/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-2500504 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Regulred 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution П Added to Fees 23 Ζiρ Zφ Country Country This corporation has liability for intangible tax under s. 199.032, Yes No 30 Florida Statutes 29 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent B1 Name RUSSELL, DORRAN 107 ROYAL PARK DR. #3H 82 Street Address (P.O. Box Number is Not Acceptable) FT LAUDERDALE FL 33309 83 City Zip Code 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature in a paragrams of otrog stered agent and little trapplicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)12. 13. DELETE Change Addition III; F 1.1 TITLE RUSSELL, DORRAN NAME 1.2 NAME R2E034 180 NE 33RD ST 1.3 STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL CITY-ST-7P 14 City - ST - ZIP DELETE Change Addition 21 TITLE T-TLF 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY+ST-ZIP CITY - ST - 20F DELETE Change Addition TOTLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS Cilini St. 7P 3.4. CITY - \$T - ZIP DELETE Change Addition 4.1 TITLE THE NAMÉ 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP C-TY-ST-2P DELETE Change Addition 5.1 TITLE TITLE NAM6 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST ZIP 5.4 CITY - ST-ZIP DELETE Change Addition 6.1 TITLE Tilté NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - ZIP 6.4 CITY-ST-ZIP 14. I do hereby certify that the information supplied with his 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 change or on an attachment with an address ....

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytme Phone N

**FILED** 

Mar 18 1997 8:00am