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Apr 30, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H47184

1. Corporation Name
VISUALLY UNIQUE ARTS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 100 N.E. 33RD STREET FT LAUDERDALE FL 33334
Mailing Address: 100 N.E. 33RD STREET FT LAUDERDALE FL 33334

3. Date Incorporated or Qualified: 03/14/1985

2. Principal Place of Business: 1862 WEST MIDWAY RD
2a. Mailing Address: 1862 WEST MIDWAY RD

4. FEI Number: 59-2500504
Applied For: Not Applicable

22. Suite, Apt. #, etc.

5. Certificate of Status Desired: [X] \$8.75 Additional Fee Required

23. City & State: FT. PIERCE FL

6. Election Campaign Financing Trust Fund Contribution: [] \$5.00 May Be Added to Fees

24. Zip: 34981, Country: ST. LUCIE

8. This corporation owes the current year Intangible Personal Property Tax: [] Yes [] No

9. Name and Address of Current Registered Agent: RUSSELL, DORRAN, 107 ROYAL PARK DR. #3H, FT LAUDERDALE FL 33309

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 83, 84 City, 85 Zip Code (FL)

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

Table with 6 rows and 2 columns: OFFICERS AND DIRECTORS. Includes fields for Title, Name, Street Address, City-ST-ZIP, and a DELETED checkbox.

Table with 6 rows and 2 columns: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Includes fields for Title, Name, Street Address, City-ST-ZIP, and checkboxes for Change and Addition.

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.

SIGNATURE: _____ Date: 27 APRIL 1999 Daytime Phone #: 954-564-4100

CR2E034 (11/98)