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 # H56703

(2)

UNIQUE CRAFTS & FASHIONS, INC.

FILED
Apr 04 1997 8:00am
Secretary of State

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Principat Place of Business 1349 DARTFORD DR. TARPON SPRINGS FL 34689 US		Mailing Address 1349 DARTFORD DR. TARPON SPRINGS FL 34689-7650 US		3. Date Incorporated or Qualified 3a. Date of Last Report				
					05/08/1985	03/0	06/1996	<u>; </u>
	lace of Business	2a. Mailing Address			4. FEI Number			Applied For
	FAST LAKE RUTTS	26 Cuite Art # 5to			59-2529434			Not Applicable
Suite, Apt		Suite, Apt. #, etc.		· · · · · · · · · · · · · · · · · · ·	5. Certificate of Status Desired			5 Additional Required
City & State	LM HARBUR FL	City & State			Election Campaign Financing Trust Fund Contribution			00 May Be ad to Fees
Zφ	Country	Zip	Cour	try	8. This corporation has liability for			r s. 199.032,
24 3468	5 25 PINELLAS 9. Name and Address of Curren	29	30		Florida Statutes 10. Name and Address of New Re	Yes [
	SH, WILLIAM	ir uadisterati Walii		91 Name	IU. Name and Address of New Re	Areteran	мани	
	E KENNEDY BLVD							
	BARNETT PLAZA		-	Street Add	ress (P.O. Box Number is Not Acceptab	16)		
	PA FL 33602		1	B3		******)·4
			- F	84 City			85 Z	ip Code
					rporation submits this statement for the p	FL	.	
12.	Signature typed or professional order of the granted age OFFICERS ANI	D DIRECTORS	13.		ired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE CERS AND		
1 lrf	ODOMEN MOUND T	☐ DELETE	1 1 TIT	-			Chang	ge Addition
NAME STREET ADORESS	CROWLEY, RICHARD T. 1349 DARTFORD DR.		1.2 NAM	AE EET ADDRESS				
City - ST- ZIP	TARPON SPRINGS FL			r-St-ZIP				
THE	P	☐ DELETE	2.1 TITL				Chang	ge Addition
NAME	CROWLEY, FRANCIS C.		2.2 NA	AE				
STREET ADORESS	1349 DARTFORD DR.		2.3 STR	EET ADDRESS	•			
CITY-S1-7IF	TARPON SPRINGS FL	DELETE		Y-ST-ZIP			Chano	ge Addition
TITLE NAME		Find Defent	3.1 TiT(- Draity	le FT Vociliosi
STREET ADDRESS				EET ADDRESS				
DitY-SI-2iP			3.4. CiT	Y-ST-ZIP				
THIF		DELETE	4.1 TITL	.E			Chang	ge Addition
NAME			4. 2 NA	Y				
STREET ADDRESS				EET ADORESS				
CITY-ST-ZIP TiTLE		DELETE	51 Titt	Y-ST-ZIP .E			Chang	e Addition
NAME			5.2 NA				_ •	
STREET ADDRESS			1	EET ADDRESS				
CITY - ST - ZIP			5.4 CIT	r-ST-ZIP				
THLE		☐ DELETE	6.1 1111	1			Chang	ge L. Addition
NAMÉ			6.2 NA	1				
STREET ADDRESS				EET ADDRESS				
City-St-78			64 CIT	Y-ST-ZIP				

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. ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: