2-2-98 B- 1245 -C FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H56703

(2)

UNIQUE CRAFTS & FASHIONS, INC.

FILED

Feb 02 1998 8:00am

Secretary of State

Principal Place of Business Mailing Address						
3438 WAST-	1349 DARTFORD DR.					
PALM HARBO		TARPON SPRINGS FL 34	689			
US		U\$			DO NOT WRITE IN TH	IS SPACE
]					3. Date Incorporated or Qualified	
2 Principal F	Place of Business	2a. Mailing Address			05/08/1985	
21 343		26. Mailing Address			4. FEI Number	Applied For
Sulte. Apt.	# etc	Suite, Apt. #, etc.			59-2529434	Not Applicable
22		27			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	e	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country		8. This corporation owes or has paid the	current year Intangible
24	[25]	29	30		Personal Property Tax due June 30.	☐ Yes ☐ No
	9. Name and Address of Curren	t Hegistered Agent	B1		10. Name and Address of New Registere	d Agent
	LISH, WILLIAM		8'	Name		
	I E KENNEDY BLVD		82	Street Add	Iress (P.O. Box Number is Not Acceptable)	
	00 BARNETT PLAZA				,	
TAMPA FL 33602			83			
			84	City	F	85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607 1508. Florida Statute	s the above	-named corr	poration pulpoits this statement for the surrespon	of abancing its registered
l duice ou	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was a	uthorized by	the corpora	tion's board of directors. I hereby accept the a	ppointment as registered
SIGNATURE	Signature, typed or printed name of registered age:	ni and luip if applicable /NOTE	Pagistared Ages	ni nigani ya man y	ured when reinstating) DATE	
12.	OFFICERS AND		13.	in signature requi	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	Ī	DELETE	1.1 TITLE		ADDITIONS/OFFANGES TO OFFICERS A	Change Addition
NAME	CROWLEY, RICHARD T.	-	1.2 NAME			
STREET ADDRESS	1349 DARTFORD DR.		1.3 STREET	ADDRESS		
CITY-ST-ZIP	TARPON SPRINGS FL		1.4 CITY-ST	1		
TITLE	Ρ	DELETE	2.1 TITLE	- EH		Change Addition
NAME	CROWLEY, FRANCIS C.		2.2 NAME			
STREET ADDRESS	1349 DARTFORD DR.		23 STREEF A	MODRESS		
CITY-ST-ZIP	TARPON SPRINGS FL		2. 4 CITY-ST			
TITLE	THE OIL OF THE OFF	DELETE	3.1 TITLE	1 - Zir		Change Addition
NAME			3.2 NAME			L. Johange L. J. ROUKIUH
STREET ADDRESS			3.3 STREET A	IDDBECC		
CITY-ST-ZIP						
TITLE		DELETE	3.4. CITY - S1 4.1 TITLE	1-211		☐ Change ☐ Addition
NAME		_ otter	4.7 THE			L Griange L Audition
				IODDE OO		
STREET ADDRESS			4.3 STREET A	l		
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CITY-ST	- ZfP		Change I Addition
NAME		L.J MILLIE	5.1 TITLE			L. Change L. Addition
			5.2 NAME	DODESTO	•	
STREET ADDRESS			5.3 STREET A			
CITY-ST-ZIP		DELETE	5.4 CITY-ST-	- ZIP	10 - 11 A - 12 - 12 - 12 - 12 - 12 - 12 -	
TITLE		☐ DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET A	DDRESS		
CITY-ST-ZIP			64 City-St-	- 7IP		

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.