Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90095 048 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **J88551**

COMMU	JNIQUE COMPANY									
Principal P'a	ce of Business	Mailing Address	Mailing Address					1911 61611 61611		
7135 TANGLE	WOOD DRIVE	7135 TANGLEWOOD DRIVE								
NEW PORT RICHEY FL 34654		NEW PORT RICHEY FL 34654			DO NOT WRITE IN THIS SPACE					
						3. Date Incorporated or Qualifed	111 17 15	SPACE		
i						08/19/1987				
2 Principal	Place of Business	2a, Mailing Address				4. FEI Number		Ap	plied For	
21	1 1000 01 20311300	26				59-2835784		No.	Applicable	
	t.#.etc	Suite, Apt#, etc	-		· -			\$8.75	Additional	
22		27				5. Certifcate of Status Desired	<u> </u>	Fee Re	uired	
City & Sta	ate	City & State				6. Election Campaign Financing		\$5.00	May Be	
23		28				Trust Fund Contribution	<u>.                                    </u>	Added	to Fees	
Zip	Country	Zip	Сош	ntry		This corporation owes the current	nt year In			
24	25	29	30		<del> </del>	Personal Property Tax.		Yes Yes	□No	
	9. Name and Address of Curre	ni Registered Agent				10. Name and Address of New Re	gistere d	Agent		
				81	Name					
	RR, STEVE			82	Street Ade	dress (P.O. Bo) Number is Not Acceptab	le)			
7135 TANGLEWOOD DRIVE NEW PORT RICHEY FL 34654										
NE'	W PORT RICHEY FL 34654			83						
\			Ì	84	City			<b>85</b> Zip	Code	
							<u> </u>	<u> </u>		
11. Pursuar office of agent.	nt to the provisions of Sections 607.05 registered agent, or both, in the State am familiar with, and accept the oblig	02 and 607.1508, Florida Statu of Florida. Such change was at ons of, Section 607.0505, Fl	tes, the at authorized orida Statu	by by tes	e-named cou the corpora	poration submits this statement for the p tion's board of directors. I hereby accept	urpose of the apr₊o	changing its intment as re	registered gistered	
SIGNATUF:	≣						DATE			
	Signature, typed or printed name of registered ag	ent and title if applicable. (NOT NI) DIRECTORS	E: Registered	Agen	t signature requi	red when reinstating)  ADDITIONS/CHANGES TO OFFI		ND DIRECTO	DRS IN 12	
12.	P OFFICERS A	DELETE	1.1 TIT			ADDITIONS/OFFAIGES TO GET	OLINO II	Change	Addition	
	DORR, STEVE		1.2 NA					_ ,		
NAME	**** TANOL DUO OD DONE				ADDRESS					
STREET ADDRES	NEW PORT RICHEY FL									
CITY-ST-ZIP	T T	DELETE	1.4 CIT 2.1 TIT	_	1-219			Change	Addition	
	DORR, MARY A.		2.2 NA					_		
NAME	THE THURSDAY OF DOME		1		ADDRESS					
STREET ADDRES	NEW PORT RICHEY FL	ur a mu	2.4 C							
CITY-ST-ZIP	V V	□ DELETE	31 TIT	_	11-2,15	<del></del>		Change	Addition	
	AZELTINE, JOHN H.			32 NAME						
NAME	COLO DEED DUN C				ADDRESS					
STREET ADDRES	CLEARWATER FL		3.4. CI							
CITY-ST-ZIP	V		4.1 10	_	1-2F			Change	Addition	
NAME	AZELTINE, BARBARA J.		4. 2 N							
	AND DEED BUILD				ADDRESS					
STREET ADDRES	CLEARWATER FL		4.3 S1							
UHT-SI-ZIP	OCD WINNIER I		4.4 ()	- 3						

CITY-ST-ZIP 14. 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 received or trystee empowered to execute this report as recluired by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or on an attack ment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.1 TITLE

52 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

☐ DELETE

\_\_ DELETE

Change

Change

☐ Addition

Addition