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Feb 25 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L05073 (6)

1. Corporation Name  
UNIQUE VOYAGES, INC.



Principal Place of Business

D/B/A UNIQUE VOYAGES  
4900 LINTON BLVD.  
DELRAY BEACH FL 33445

Mailing Address

D/B/A UNIQUE VOYAGES  
4900 LINTON BLVD.  
DELRAY BEACH FL 33445-6888

3. Date Incorporated or Qualified 07/28/1989  
3a. Date of Last Report 03/25/1996

2. Principal Place of Business  
21 17030 Grand Bay Dr  
Suite, Apt. #, etc.  
22  
City & State Boca Raton FL  
Zip 33432 Country Puen Bant  
23  
24 33432 25 Puen Bant 26 17030 Grand Bay Dr  
Suite, Apt. #, etc.  
27  
City & State Boca Raton FL  
Zip 33432 Country Puen Bant  
28  
29 33432 30 Puen Bant

4. FEI Number 65-0149212  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

LEVINE, JEFFREY A  
900 NORTH FEDERAL HWY.  
STE. 380  
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

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 *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS  
TITLE PT  
NAME HATTEM, MAURICE  
STREET ADDRESS 17030 GRAND BAY DRIVE  
CITY- ST- ZIP BOCA RATON FL 33432  
TITLE VPST  
NAME HATTEM, KIM  
STREET ADDRESS 17030 GRAND BAY DRIVE  
CITY- ST- ZIP BOCA RATON FL 33432  
TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY- ST- ZIP  
2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY- ST- ZIP  
3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY- ST- ZIP  
4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY- ST- ZIP  
5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY- ST- ZIP  
6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY- ST- ZIP

200002098672  
-02/26/97--01056--055  
\*\*\*165.00

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.

SIGNATURE: *[Signature]* 1/8/97 661-241-9412  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (9/96)