

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # L91883 (3)
1. Corporation Name
UNIQUE BY EDITH OF ST. AUGUSTINE, INCORPORATED



Principal Place of Business: **110 ST. GEORGE ST. ST. AUGUSTINE FL 32084**
Mailing Address: **110 ST. GEORGE ST. ST. AUGUSTINE FL 32084**

21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business		2a. Mailing Address		2b. Mailing Address		2c. Mailing Address		2d. Mailing Address	
State, Apt. #, etc.		State, Apt. #, etc.		State, Apt. #, etc.		State, Apt. #, etc.		State, Apt. #, etc.	
City & State		City & State		City & State		City & State		City & State	
Zip		Country		Zip		Country		Zip	

3. Date Incorporated or Qualified	3a. Date of Last Report
08/03/1990	06/19/1995
4. FEI Number	Applied For
59-3029004	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 190.032, Florida Statutes.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**POCINO, ELWOOD W.
110 ST. GEORGE ST.
ST. AUGUSTINE, FL 32084**

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

11. Pursuant to the provisions of Sections 607.002 and 607.1506, 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 607.002, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	D	
NAME	POCINO, ELWOOD W.	
STREET ADDRESS	110 ST GEORGE ST	
CITY-STATE-ZIP	ST. AUGUSTINE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. TITLE		
2. NAME		
3. STREET ADDRESS		
4. CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE		
6. NAME		
7. STREET ADDRESS		
8. CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. TITLE		
10. NAME		
11. STREET ADDRESS		
12. CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied in this filing is verifiably true and does not qualify for the exception stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included on this annual report or supplementary annual report is true and complete and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of this corporation or the receiver, or trustee empowered to exercise the record as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an additional form attached to this report.

SIGNATURE: *Edwood W Pocino*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/96 *904-821-3497*
DATE OF FILING AND TELEPHONE NUMBER

CR2E034 (12/95)