

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

3. Date Incorporated or Qualified	3a. Date of Last Report
<b>08/03/1990</b>	<b>06/19/1995</b>
4. FEI Number	Applied For
<b>59-3029004</b>	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<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
1	NAME: <b>D POCINO, ELWOOD W.</b>	
2	STREET ADDRESS: <b>110 ST GEORGE ST</b>	
3	CITY-STATE-ZIP: <b>ST. AUGUSTINE FL</b>	
4	TITLE	<input type="checkbox"/> DELETE
5	NAME	
6	STREET ADDRESS	
7	CITY-STATE-ZIP	
8	TITLE	<input type="checkbox"/> DELETE
9	NAME	
10	STREET ADDRESS	
11	CITY-STATE-ZIP	
12	TITLE	<input type="checkbox"/> DELETE
13	NAME	
14	STREET ADDRESS	
15	CITY-STATE-ZIP	

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

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 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 trustee, or trustee empowered to execute 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* **3/2/96** **904-821-3497**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE PHONE NUMBER

CR2E034 (12/95)