

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

2. Principal Place of Business

2a. Mailing Address

21	State, Apt. #, etc.	26	State, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
25		30	

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 607.1500, 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	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE: D <input type="checkbox"/> DELETE 2. NAME: POCINO, ELWOOD W. 3. STREET ADDRESS: 110 ST GEORGE ST 4. CITY-STATE-ZIP: ST. AUGUSTINE FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE: <input type="checkbox"/> DELETE 6. NAME: 7. STREET ADDRESS: 8. CITY-STATE-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. TITLE: <input type="checkbox"/> DELETE 10. NAME: 11. STREET ADDRESS: 12. CITY-STATE-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. TITLE: <input type="checkbox"/> DELETE 14. NAME: 15. STREET ADDRESS: 16. 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 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 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 a change or addition to either block.

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

3/2/96 904-821-3497
DATE DATE

CR2E034 (12/95)