

**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 607.1503, 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: <b>D</b> 2. NAME: <b>POCINO, ELWOOD W.</b> 3. STREET ADDRESS: <b>110 ST GEORGE ST</b> 4. CITY, STATE, ZIP: <b>ST. AUGUSTINE FL</b> 5. TITLE: <input type="checkbox"/> DELETE 6. NAME: 7. STREET ADDRESS: 8. CITY, STATE, ZIP: 9. TITLE: <input type="checkbox"/> DELETE 10. NAME: 11. STREET ADDRESS: 12. CITY, STATE, ZIP: 13. TITLE: <input type="checkbox"/> DELETE 14. NAME: 15. STREET ADDRESS: 16. CITY, STATE, ZIP:	17. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 18. NAME: 19. STREET ADDRESS: 20. CITY, STATE, ZIP: 21. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 22. NAME: 23. STREET ADDRESS: 24. CITY, STATE, ZIP: 25. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 26. NAME: 27. STREET ADDRESS: 28. CITY, STATE, ZIP: 29. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 30. NAME: 31. STREET ADDRESS: 32. 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 complete 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 same and 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

3/2/96 904-824-3497  
DATE TIME

CR2E034 (12/95)