

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

APPROVED AND FILED

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # L92925 (1)

**1. Corporation Name
UNIQUE MOTIF, INC.**

**Principal Place of Business
SOMERSET H-146
WEST PALM BEACH FL 33417**

**Mailing Address
SOMERSET H-146
WEST PALM BEACH FL 33417**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 08/08/1980 **3a. Date of Last Report 04/27/1994**

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

4. FEI Number 65-0217235 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. 100.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**OSHINS, LAWRENCE
SOMERSET H-146
WEST PALM BEACH FL 33417**

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

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VD
NAME	OSHINS, LAWRENCE
STREET ADDRESS	SOMERSET H-146
CITY - ST - ZIP	WEST PALM BEACH FL
TITLE	PD
NAME	MOSTOW, LEWIS
STREET ADDRESS	4864-C SABLE PINE CIR
CITY - ST - ZIP	WEST PALM BEACH FL
TITLE	SD
NAME	STEPHENS, JUDITH
STREET ADDRESS	4864-C SABLE PINE CIR
CITY - ST - ZIP	WEST PALM BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SD
3.3 STREET ADDRESS	STEPHENS JUDITH
3.4 CITY - ST - ZIP	SOMERSET H-146 W. PALM BEACH, FL.
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: Lawrence Oshins LAURENCE OSHINS

4-15-95 407 684 8779