

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

3. Date Incorporated or Qualified 08/08/1990
3a. Date of Last Report 04/19/1995

2. Principal Place of Business
21 4365 OKEECHOBEE BLVD
Suite, Apt. #, etc. B15

2a. Mailing Address
26 SAME

4. FEI Number 65-0217235
Applied For Not Applicable

22 City & State
23 W. PALM BEACH FL

27 City & State

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

24 Zip 33409
25 Country USA

28 Zip
29 Country

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, 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 LAWRENCE OSHINS
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE 2-7-96

12. OFFICERS AND DIRECTORS	
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	SOMERSET H-146
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	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
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 119.07(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
Signature and typed or printed name of signing officer or director. DATE 2-7-96

CR2E034 (12/95)