FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # P93000036210 (1)

1. Corporation Name

UNIQUE RESTAURANT OF PALM BEACH GARDENS, INC.

Principal Place of Business	Mailing Address
490 E. PALMETTO PARK SUITE 110 BOCA RATON FL 33432 US	490 E. PALMETTO PARK SUITE 110 BOCA RATON FL 33432 US

3. Date Incorporated or Qualified **05/19/1993**
3a. Date of Last Report **04/20/1995**

2. Principal Place of Business [21]	2a. Mailing Address [26]

4. FEI Number **65-0421413**   ☐ Applied For   ☐ Not Applicable

Suite, Apt. #, etc. [22]	Suite, Apt. #, etc. [27]

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

City & State [23]	City & State [28]

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

Zip [24]	Country [25]	Zip [29]	Country [30]

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MAX, DENNIS
490 E. PALMETTO PARK BLVD.
SUITE 110
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

B1	Name
B2	Street Address (P.O. Box Number is Not Acceptable)
B3	
B4	City FL	B5 Zip Code

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	PSD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MAX, DENNIS		1.2 NAME	
STREET ADDRESS	490 E. PALMETTO PARK, STE. 110		1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MAX, PATTI		2.2 NAME	
STREET ADDRESS	490 E. PALMETTO PARK, STE. 110		2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL		2.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	RAPOPORT, BURTON		3.2 NAME	
STREET ADDRESS	490 E. PALMETTO PARK, STE. 110		3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	CATALFUMO, DANIEL		4.2 NAME	
STREET ADDRESS	1540 LATHAM RD.		4.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BCH. FL		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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: _~signature~_   4/24/96   407-392-0011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #