FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000075469 (5)

UNIQUE POLYMERS, INC.

FILED Apr 17 1998 8:00am Secretary of State



63-1-15			<u></u> !	
Principal Place of Business	Mailing Address			
16350-1807 FAIRWAY WOODS DR. 16350-1807 FAIRWAY WOODS DR.				
FT. MYERS FL 33908 FT. MYERS FL 33908		DO NOT WRITE IN THIS SPACE		
			3. Date Incorporated or Qualified	
			11/01/1993	:
2. Principal Place of Business 79/ BONNIE BLUD	2a. Mailing Address	0	4. FEI Number	Applied For
	 -	nt Bcus	65-0448055	Not Applicable
Sufite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City,& State	27 City 6 Ct-1-			Fee Required
23 PACH HARBON FC	28 PACK HA	11100 76	6. Election Campaign Financing	\$5.00 May Be
	Z(D)	Country	Trust Fund Contribution	Added to Fees
Zip 4684 Country 37	- 41// D//	30 VSA	This corporation owes or has paid the of Personal Property Tax due June 30.	ves No
9. Name and Address of Current		00, 00,	10. Name and Address of New Registere	
KEOGH, RICHARD J		81 Name		
16350-1807 FAIRWAY WOODS DR		82 Street Addre	one (D.O. Devi Niverbas in New Assessment)	
IT MYEDO EL DOGGO			ess (P.O. Box Number is Not Acceptable)	
79/	BONNIE OCO	2D 83		
Pa /	BONNIE OCC ANDOR, Ft 346	Oct of o		
PARA H	ARBOR HE SYG	84 City	F	85 Zip Code
11. Pursuant to the provisions of Sections 607 0502	and 607 1508. Florida Statute	s the shove-named corn	gration submits this statement for the nursess	of changing its registered
office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation	' Fforida. Such change was a ons of, Section 607.0505. Flo	uthorized by the corporate rida Statutes.	on's board of directors. I hereby accept the a	ppointment as registered
SIGNATURE				i
Signature, typed or printed name of registered agoint		Registered Agent signature require	d when reinstating) DATE	
12. OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AT	
TITLE D	☐ DELET e	1.1 TITLE		Change Addition
NAME KEOGH, RICHARD J	D D	1.2 NAME	791 RONNIE GLUX	·
STREET ADDRESS 16350-1807 FAIRWAY WOODS	DK.	1.3 STREET ADDRESS	791 BONNIE ALUD PARM HARBOR FL.	9/// 9//
CITY-ST-ZIP FT. MYERS FL 33908	DELETE	1.4 CITY-ST-ZIP	PAIM HARBOR FL.	54604
	☐ Officit		•	L_ Change L_ Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	DELETE	2. 4 CITY-ST-ZIP		Chance Helding
NAME	L-J DELLIE	3.1 TITLE 3.2 NAME		Change Addition
STREET ADDRESS		3.2 NAME 3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4. CITY-ST-ZIP		
TITLE	DELETE	4.1 TITLE		Change Addition
NAME		4. 2 NAME		C Orongo C radicion
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE	☐ DELETE	5.1 TITLE		Change Addition
NAME		5.2 NAME		radiioii
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	•	
14. I hereby certify that the information supplied with	this filma does not qualify for	the exemption stated in S	Section 119 07(3)(i) Florida Statutes, I further of	pertify that the information

4. I hereby certify that the information supplied with this thing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and securate 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 in option attackfilling with an address.

SIGNATURE. Such as All Kondi

P/2/52-76