

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 24 PM 1:41

DOCUMENT # P94000001945 (2)

1. Corporation Name
UNIQUE PEOPLE, INC.

Principal Place of Business Mailing Address
5347 S.W. 25TH STREET 5347 S.W. 25TH STREET
HOLLYWOOD FL 33023 HOLLYWOOD FL 33023

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/10/1994
3a. Date of Last Report

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	65-0462824	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>	
Zip	Country	Zip	Country
24	25	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

JENKINS, ROSA
5347 S.W. 25TH ST.
HOLLYWOOD FL 33023

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

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 reappointing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P. JENKINS, ROSA V, S, S.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENKINS, ROSA	1.2 NAME	
STREET ADDRESS	% 5347 S.W. 25TH ST.	1.3 STREET ADDRESS	
CITY- ST- ZIP	HOLLYWOOD FL 33023	1.4 CITY- ST- ZIP	
TITLE	V PRINCE, CAROLYN	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRINCE, CAROLYN	2.2 NAME	
STREET ADDRESS	% 5347 S.W. 25TH ST.	2.3 STREET ADDRESS	
CITY- ST- ZIP	HOLLYWOOD FL 33023	2.4 CITY- ST- ZIP	
TITLE	S FARELY, CYNTHIA	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARELY, CYNTHIA	3.2 NAME	
STREET ADDRESS	% 5347 S.W. 25TH ST.	3.3 STREET ADDRESS	
CITY- ST- ZIP	HOLLYWOOD FL 33023	3.4 CITY- ST- ZIP	
TITLE	S THOMAS, KIM	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, KIM	4.2 NAME	
STREET ADDRESS	% 5347 S.W. 25TH ST.	4.3 STREET ADDRESS	
CITY- ST- ZIP	HOLLYWOOD FL 33023	4.4 CITY- ST- ZIP	
TITLE	P, V, S, S. ALL TITLE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENKINS, ROSA	5.2 NAME	
STREET ADDRESS	5347 S.W. 25TH ST	5.3 STREET ADDRESS	
CITY- ST- ZIP	HOLLYWOOD FL 33023	5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		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: *Rosa Jenkins*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/95 305) 962-1992