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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 23 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## 1997 DOCUMENT # P94000010977 (4)

appears in Block 12 or Block 13 if changed, or o

SIGNATURE:

UNIQUE MOTOR CARS OF THE PALM BEACHES, INC.

Principal Place of Business Mailing Address  801 10 ST LAKE PARK FL 33403 US  US  Mailing Address  801 10ST LAKE PARK FL 33403-2421 US		1		
			3. Date Incorporated or Qualified 02/04/1994	3a. Date of Last Report 01/26/1996
Principal Place of Business     The Principal Place of Business	2a. Mailing Address 26		4. FEI Number 65-0464747	Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State	111111111111111111111111111111111111111	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country <b>25</b>	Z(p	Country 30	This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032,
9. Name and Address of Curren		14-21	10. Name and Address of New Reg	
JACQUOT, ROBERT J JR.  1279 OLD DIXIE HIGHWAY  STE. 22  LAKE PARK FL 33403  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83 City A CEPAR FL 85 Zin Code 3				
12. FICERS AN	of Provida Such change was attoo of, Section 607.0505, Floring and too if applicable INOT DIRECTORS	es, the above-named corp authorized by the corporati orida Statutes.  E. Registered Agent signature require.  13.	ion's board of directors. I hereby accept	t the appointment as registered
NAME STREET ADDRESS  D	TREMI_ DELETE	1.1 TITLE 1.2 NAME		Change Addition
LAVE DADY EL		1.3 STREET ADDRESS		
CITY: ST-ZIP LANE FARN FL	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME		2.2 NAME		LILI CHANGE LILI ROUNDIN
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2. 4 CITY-ST-ZIP		
TIFLE	DELETE	3.1 TITLE		Change Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-7IP		3.4. CITY-ST-ZIP		
TITLE	☐ DELETE	4.1 TITLE	***************************************	Change Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE	☐ DELETE	5.1 TITLE		Change Addition
MAME		5.2 NAME		
STREET ADORESS		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 SYREET ADDRESS		
CITY-ST-ZIP		6.4 CITY - ST - ZIP		
14. I do hereby certify that the information supplied information indicated on this annual report or s I am an officer or director of the corporation or	supplemental annual report is t	rue and accurate and that	my signature shall have the same legal	effect as if made under oath; that

NAME OF SIGNING OFFICER OR DIRECTOR