PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT)F STATE Sandra B. Morth Secretary of Sta DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

P94000051866 (9)

UNIQUE DATA, INC.

Principal Place	TER H GARDENS FL 33410 Reach GARDENS I					1 LOUISOUR ALB LOUIS OFOLE PORTE DONE	8 8 1 8 1 8 1 9 1 9 1 9 1 9 1 9 1 9 1 9	181 30110 01110 0111 18 01	
8631 PLUTO PALM BEACH			NS FL 33410)					
						3. Date Incorporated or Qualified	3a. Date of I		
						07/08/1994	05/0	1/1995	
	ace of Business	-				4. FEI Number		Applied For	
21	W (-					65-0510656		Not Applicable	
22		27				5. Certificate of Status Desired	_ \$	8.75 Additional Fee Required	
City & State		·				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
Zip	· · · · · ·	Zip	Cour	ntry		8. This corporation has liability for i	ntangible tax un	vder s. 199.032,	
24 .			30			Florida Statutes 🔀 Yes			
	9. Name and Address of Cur	rrent Registered Agent		<u> </u>		10. Name and Address of New R	egistered Age	nt	
				81	Name				
BOYDEN, CHRISTOPHER W 321 NORTHLAKE BLVD			ļ	B2	Street Addres	s (P.O. Box Number is Not Acceptabl	e)		
SUITE 10			}	В3					
NONIA	FALM DEAUN FL 33400			B4	City		FL 8	5 Zip Code	
or registeri	ed agent, or both, in the State of F	ilorida. Such change was authori	zed by the c	ve-n orpo	amed corporational board	on submits this statement for the pur of directors. I hereby accept the appo	oose of changir intment as regi	ig its registered office stered agent. I am	
SIGNATURE _	Country to the desired and the		577 B 337 5						
12.			13.	Agent	t signature required w	hen reinstating) ADDITIONS/CHANGES TO OFFI	DATE.	RECTORS IN 12	
TITLE			1.1 10	TI F		ADDITIONS OF ANGES TO OFF			
NAME			1.2 NA				. سيا	Augustian La viagottori	
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP	1	L 33410	1.4 CIT						
TOTLE			2 1 11				CI	hange Addition	
NAME	VAN DETTE, DEBRA		2.2 NA	ME			_	- -	
STREET ADDRESS		2.3 \$16	2.3 STREET ADDRESS						
CITY-ST-ZIP	PALM BEACH GARDENS F	L 33410	2.4 CIT	Y-\$1	T - ZIP				
TITLE	-	☐ DELETE	3.1 11	[LE			CI	hange 🔲 Addition	
NAME			3.2 NA	ME	İ				
STREET ADDRESS			3.3 ST	REET	ADDRESS				
CITY-SI-ZIP			3.4 CIT	Y-\$1	T- ŽIP				
TITLE		☐ DELETE	4. 1 7(1	ILE			□ CI	hange 🔲 Addition	
NAME			4.2 NAI	ME					
STREET ADDRESS			4.3 STF	REETA	ADDRESS				
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TITLE		☐ DELEYE	5. 1 Til				C)	hange	
NAME			5.2 NA						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		☐ DELETE	5 4 CIT		i - ZIP			hanna ET 4 dates	
TITLE			6. 1 Til				☐ CF	hange [] Addition	
NAME			6.2 NA		4000000				
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP 14. 1 do hereby	certify that the information supplie	ed with this filing is voluntarily fur	6.4 CiT nished and c			the exemption stated in Section 119.0	7(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: RIGHARD C. VAN DETIL TO SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DESCRIPTION 3-27-96 Date Description Prover