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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000015583 (4)

UNIQUE ASTOR, INC.

FILED

97 MAY 12 AM 11: 57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address					1884 <b>400/4</b> ) 11091 0/101 0/100 F0/100 1/6/ 1407
·		490 EAST PALMETTO PAI	490 EAST PALMETTO PARK ROAD		
		065			
				<ol> <li>Date Incorporated or Qualified 02/24/1995</li> </ol>	3a, Date of Last Report 05/01/1996
2. Principal F	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0576744	Not Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & Stat	de	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be
Zip	Country	Zip	Country	a. This corporation has liability for	
24	25	29	30	, ,	✓ Yes □ No
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New R	legistered Agent
MA	X, Dennis		81 Name		
	EAST PALMETTO PARK ROAD	)	82 Street Adi	dress (P.O. Box Number is Not Accepte	nia)
SUITE 110			Street Aut	diess (F.O. Box Number is Not Accepte	able)
1	CA RATON FL 33432		63		
1			84 City		les Zin Code
					FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Florida Statul	tes, the above-named co	rporation submits this statement for the	purpose of changing its registered
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		<b>9</b>			į
SIGNATURE	Signature: Typed or printed name of registered a	gent and title # applicable (NOT	E: Registered Agent signature req	uired when reinstating)	DAYE
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	
TITLE	D/P	☐ DELETE	1.1 TITLE		Change Addition
NAME	MAX, DENNIS		1.2 NAME		
STREET ADDRESS	490 EAST PALMETTO PARK	ROAD, #110	1.3 STREET ADDRESS		
CITY-ST-ZIF	BOCA RATON FL 33432		1.4 CITY-ST-ZIP		1743368
TITLE	D	DELETE	2.1 TITLE	-05/12/	97016002037 Addition
NAME	MAX, PATTIS	ma.m	2.2 NAME	****59	50,00 ****550 <b>.</b> 00
STREET ADDRESS	490 EAST PALMETTO PARK	ROAD, #110	2.3 STREET ADDRESS		,
CITY: ST: ZIP	BOCA RATON FL 33432		2. 4 CITY - ST - ZIP		
TITLE	D DARBOODE BUIDE	☐} DELETE	3.1 TITLE		Change Addition
NAME	RAPOPORT, BURT	DOID #440	3.2 NAME	:	
STREET ADDRESS	490 EAST PALMETTO PARK	KUAU, ₱110	3.3 STREET ADDRESS	1	
CITY-ST-ZIF	BOCA RATON FL 33432	T DELETE	3.4. CITY-ST-ZIP		
TILE	D CATALEUNO DANIEL	DELETE	4.1 THLE		Change Addition
NAME	CATALFUNO, DANIEL		4. 2 NAME		
STREET ADDRESS	1540 LATHAM RD.		4.3 STREET ADDRESS		,
CITY-ST-ZIP	WEST PALM BEACH FL	Llouer	4.4 CITY-ST-ZIP		Channe Laddition
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		ļ
STREET ADDRESS			5.3 STREET ADDRESS	1	_
CHTY-S1-ZIF		DELETE	5 4 CITY-ST-ZIP		Clarge Addition
TITLE		☐ DEFEIF	6.1 TITLE	N.C.	// V // Clarge L. Addition
NAME			6.2 NAME	$\mathcal{M}$	$MJX^{1}$
STREET ADORESS			6.3 STREET ADDRESS		<b>λ\ν</b> \:
CITY-ST-ZIP			6.4 CITY - ST - ZIP		)

14. I do hereby certify that the information supplied with this filing 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 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 in an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

29197

Eld-392-0611

Dayline Phone #

(2E034 (3/36)