## 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 # P95000019278 (7)

UNIQUE INDUSTRY CORPORATION OF SOUTH FLORIDA, IN C.

C.									
Principal Place of Business		Mailing Add	Mailing Address			FIGURE		FI UBIBA 11010 10110 11311 151	81 1811 1881
11701 NW 102 ROAD		11701 NW 10	11701 NW 102 ROAD						
SUITE 17		SUITE 17					DO NOT WRITE IN THIS SPACE		
MEDLEY FL 33178 MEDLEY FL 33178			<u> </u>		3. Date inc	orporated or Qualified	THE OF YOU		
						03/07/			
2. Principal Pi	ace of Business	2a. Mailing A	ddress			4. FEI Num		A	oplied For
21		26				65-05	574705	N	ot Applicable
Suite, Apt.	#, etc.	Suite Ap	t. #, etc.	-			te of Status Desired	<b>.</b>	Additional
22		27				J. Continual	Fee Required		
City & State	•	City & Sta	ale			1	Campaign Financing		May Be
23	T. Cambri	28		Country			nd Contribution		to Fees
Zip	Country	29	Zip Cou			"	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No		
24	25 25 Name and Address of C		177	<u>'1</u>			nd Address of New Re		
ЦΛΙ	LCOMB, VICTOR W			81	Name				
	S HYDE PARK AVE				Δι	1 data (D.O. D1	hand a feet Adamage	10)	
	1PA FL 33606			62	Street	Address (P.O. Box N	lumber is Not Acceptab	нө)	
1730	II A I L 00000			83					
				84	City			<b>85</b> Zip	Code
				64	City				Code
11. Pursuant	to the provisions of Sections 60	07.0502 and 607.1508, F	lorida Statutes,	the above	-named	corporation submits	this statement for the p	urpose of changing i	ts registered
agent.la	egistered agent, or both, in the m familiar with, and accept the	e obligations of, Section t	607.0505, Florid	a Statutes	r ine corj S.	poralion's board or d	mediors, i nereby accep	и ине арролилиет аз	i leĝistered
SIGNATURE									
	Signature, typed or printed name of registr		(NOTE: Re		nt signature	required when reinstating)	IDIOLANIOED TO OFFIC	DATE DIRECTOR	20 141 40
12.	OFFICERS AND DIRECTORS  PD DELETE		13. 1.1 TITLE		ADDITION	IS/CHANGES TO OFFIC	ERS AND DIRECTOR	Addition	
	LEE, ROBERT Y		1.2 NAME				C cuarita		
STREET ADDRESS 11701 NW 102ND ROAD, SUITE 17				1.3 STREET ADDRESS					
CITY-ST-ZIP	MEDLEY FL	, OONE 17		1.4 CITY-S					
TITLE	VISD		] DELETE	2.1 TITLE	<u></u>			Change	Addition
NAME	LEE, MARISA M.			2.2 NAME					
STREET ADDRESS	11701 NW 102ND ROAD	, SUITE 17		2.3 STREET	ADDRESS				
CITY-ST-ZIP	MEDLEY FL			2. 4 CITY-5	ST-ZIP				
TITLE		L	DELETE	3.1 TITLE				☐ Change	Addition
NAME				3.2 NAME					
STREET ADDRESS				3.3 STREET	ADDRESS	1			
CITY-ST-ZIP			1 n n.e.	3.4. CITY - 5	ST-ZIP	· · · · · · · · · · · · · · · · · · ·			T 1 4 4 2 2 2 2
TITLE		L	J DEL <b>ete</b>	4.1 TITLE				Change	Addition
NAME				4. 2 NAME					
STREET ADDRESS				4.3 STREET					
CITY-ST-ZIP			J DELETE	4.4 CITY-S 5.1 TITLE	I - ZIP	<del> </del>		Change	Addition
TITLE		L.,	J VLCEIL	5.1 TITLE 5.2 NAME				CT Cuargo	
NAME emert aboutce					ADDDCCC				
STREET ADDRESS				5.3 STREET					
CITY-ST-ZIP TITLE			DELETÉ	5.4 CITY - S 6.1 TITLE	1 · ZIF	· · · · · · · · · · · · · · · · · · ·		Change	Addition
NAME		_	_ ,,,,,,,	6.2 NAME					
STREET ADORESS				6.3 STREET	ADORESS				
CHIEL MUNICOS				0.5 5 mcE1		1			

14. I 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 trusted 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.

CR2E034 (1

**FILED** 

Apr 16 1998 8:00am

Secretary of State