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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

1996

SIGNATURE: _

DOCUMENT # P95000027858 (6)

1. Corporation Name

UNIQUE PRODUCTS OF FT. LAUDERDALE, INC.

FILED
Apr 24 1996 8:00 am
Secretary of State

4/6/96 954-783-0110

#269	of Business IKLAND PARK BLVD. RDALE FL 33311	Mailing Address P.O. BOX 9766 FT. LAUDERDALE FI	Date_incorporated or Qualified 3a. Date of Last Report		
				3. Date Incorporated or Qualified 3a. D 04/05/1995	, .
2. Principal Place 3083		2a. Mailing Address		4. FFI Number 65-0587130	Applied For Not Applicable
Suite, Apt. #		Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·	5. Certificate of Status Desired []	\$8.75 Additional Fee Required
City & State	Landerdale FL	City & State	-	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 333	Country 25	Zip 29	Country 30	8. This corporation has liability for intangible Florida Statutes Yes No	
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Register	ed Agent
#269 FT. LAI 11. Pursuant to or registere	JOERDALE FL 33311 The provisions of Sections 607.0502	la. Such change was authoriz	82 Street Add 3 0 83 84 City C 1 es, the above-named corpored by the corporation's boa	ress (P.O. Box Number is Not Acceptable) The statement for the purpose of ard of directors. Thereby accept the appointment	L 85 Zip Code 3331 changing its registered office tas registered agent. I am
SIGNATURE					
	Ignature, typed or printed name of registered agent		ITE: Registered Agent signature require		
TITLE	OFFICERS AND	DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12 Change Addition
NAME STREET ADDRESS	PESEUX, JOE 1700 N.E. 56TH CT. FT. LAUDERDALE FL 33334		1.2 NAME 1.3 STREET ADDRESS		change xccition
CITY-S1-ZIP TITLE	V	DELETE	1.4 CITY-ST-ZIP 2 1 TITLE		Change Addition
NAME STREET ADDRESS	GOLDS, PAUL 2121 W. OAKLAND PARK E FT. LAUDERDALE FL 33311	ILVD. #269	2 2 NAME 2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE NAME	TT. ENODE. NUMBER 12 33311	☐ DELETE	2 4 CiTy - ST - ZIP 3 1 TiTLF 3 2 NAME		Change Addition
STREET ADDRESS O'TY-ST-ZiP			3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE NAME		☐ DELETE	4.1 TITLE 4.2 NAME		Change Addition
STREET ADDRESS CITY-ST-ZIP			4.3 STREET ADDRESS 4.4 CITY - ST - ZIP		
TITLE NAME		☐ DELETE	5. 1 TITLE 5 2 NAME		Change Addition
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP		FIDELETE	5.4 CITY - ST-ZIP		Change C Add's
		() DETELE	6 1 TITLE 6.2 NAME		Change Addition
			6.3 STREET ADDRESS		
		10. 10. Au	6 4 CITY - ST - ZIP		4 2
THLE NAME STREET ADDRESS CITY-SI-ZIP 14. I do hereby certify that to the control of the cont	certify that the information supplied v the information indicated on this annu- am an officer or director of the office Block 12 or Block 13 if changed, or o	with this filing is voluntarily furn at report or supplemental ann allon or the receiver or truster any flachment with an addri	6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	for the exemption stated in Section 119.07(3)(k), ate and that my signature shall have the same le is report as required by Chapter 607, Florida Sta	Florida Statutes. I furt