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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

Mar 14, 1999 8:00 am Secretary of State

03-14-1999 90031 041 ***150.00

DOCUMENT # P95000046838 1. Corporation Name	
UNIQUEST INTERNATIONAL, INC.	: 100 (100) 100 (200) 01(1) 02(1) 03(1)

Principal Place	e of Business	Mailing Address							
4350 W. CYPRESS STREET 4350 W. CYPRESS STREET			ET						
SUTE 450 SUITE 450 TAMPA FL 33607 TAMPA FL 33607						DO NOT WRITE IN THIS SPACE			
US	0/	US				3. Date Incorporated or Qualifed			$\overline{}$
03		00				06/12/1995			•
2 Principal P	lace of Business	2a. Mailing Address				4. FEI Number		Apı	plied For
 1 .	lace of Dusilless	<u></u>				59-3339373		J 	t Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.				<u> </u>	_	\$8.75 A	
	π, οιο.	27				5. Certificate of Status Desired		Fee Red	
City & Stat	te	City & State				6. Election Campaign Financing		\$5.00	May Be
23	-	28				Trust Fund Contribution		Added to	
Zip	Country	Zip	Cour	ntry		8. This corporation owes the current	it year Intar	ngible	
24	25	29	30	•		Personal Property Tax.			□No
24	9. Name and Address of Currer		11			10. Name and Address of New Re	gistered A	gent	
				81 N	lame				
VAL	one, anthony f			20 0	4	(D.O. Day Number is Net Assertable	lo)	_	
1912	2 LAKE PLATT LANE			82 S	treet Addre	ess (P.O. Box Number is Not Acceptable	, ,		
TAM	IPA FL 33618		ŀ	83				_	
l			[
				84 C	ity	•	FI	85 Zip C	Code
office or r	registered agent, or both, in the State im familiar with, and accept the obligation Signature, typed or printed name of registered age	of Florida. Such change was ations of, Section 607.0505, Fl	authorized Iorida Statu	by the tes.	corporation	oration submits this statement for the pun's board of directors. I hereby accept when reinstating)	DATE	ment as reç	gistered
12.	· · · · · · · · · · · · · · · · · · ·	sit aliu libe ii applicable. (140	L. ragiatorou		maioro raquiros				
14.	OFFICERS AN	ND DIRECTORS	1 13.			ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECTO	RS IN 12
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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 suppliemental 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 receipter optrustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or on an attantion with an address, with all other like empowered. 14. I hereby certify that the information

6.4 CITY-ST-ZIP

SIGNATURE:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR