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 # P95000059373 (7)

UNIQUE SPECIES INC.

FILED Jan 29 1997 8:00am Secretary of State

Principal Place of Business Mailing Address 1180 E OHO STREET 1190 E OHO STREET LAKE HELEN FL 32744 LAKE HELEN FL 32744-3719								
					Date Incorporated or Qualified 07/31/1995	1 :.	ate of Last F	leport
2. Principal	Place of Business	2a. Mailing Address			4. FEI Number			pplied For
21		26			59-3360294			ot Applicable
Suite, Apt	t #, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional equired
City & Sta	nte	Cily & State	,,,	· · · · · · · · · · · · · · · · · · ·	8. Election Campaign Financing		\$5.00	May Be
23		28			Trust Fund Contribution			to Fees
Zıp	Country	Zip	Count	ry	This corporation has liability to Florida Statutes	rintangible Yes [i. 199.032,
24	25 9. Name and Address of Curr	[29] rent Registered Agent	[30]		10. Name and Address of New R			
LIAL	RDY, RICK		e	1 Name				
	NO E OHIO STREET			2 Street Ado	dress (P.O. Box Number is Not Accepte	hlei		
	KE HELEN FL 32744			Z Sireel Add	siess (F.O. Box Number is Not Accepte			
			8	3				
) <u></u>	4 City			85 Zip	Code
	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~					FL	. ` `	
 11. Pursuan office or 	it to the provisions of Sections 607.0 registered agent, or both in the St	i502 and 607.1508, Florida Stat ate of Fiorida. Such change was	utes, the abc s authorized	ive-named cor by the corpore	poration submits this statement for the ation's board of directors. I hereby according	purpose of opt the app	t changing i pointment as	ts registered registered
agent. I	am familiar with, and accept the ob	ligations of, Section 607 0505, I	Florida Statut	es.		. ,,		_
SIGNATURE	Signaturi, Typici or printed fame of registered	accept and tills 1 aproperties (NI	OTF: Requirement A	gent signature requi	ired when reinstating)	DATE		
12.		ND DIRECTORS	13.	gen alginatora requ	ADDITIONS/CHANGES TO OFF		DIRECTO	RS IN 12
TOLE	P	DELETE	1.1 7071.8				Change	Addition
NAMÉ	HARDY, RICK		1.2 NAM	£				
STREET ADDRESS	1		1.3 STRE	ET ADDRESS				
CITY-ST-ZIP	LAKE HELEN FL		1.4 CITY	-ST-ZIP				
TITLE	V	DELETE	2.1 TITLE				Change	Addition
NAME	HARDY, RAFFAELA		2.2 NAM	E				
STREFT ADDRESS	1190 E. OHIO STREET		2.3 STRE	et address				
CHTY - ST - ZIP	LAKE HELEN FL		2. 4 CiTY	'- ST-ZIP				
TITLE		☐ OELETE	3.1 7/17/2				Change	Addition
NAME	HARDY, LEWIS		32 NAM	E Ì				
STREET ADDRESS			33 STRE	ET ADDRESS				
CHTY-ST-ZIP	LAKE HELEN FL			-ST-ZIP				
TITLE		[] DELETE	4.1 TITL			•	L Change	Addition
NAME			4, 2 NAN	I .			•	
STREET ADDRESS	5			ET ADDRESS	100 miles (100 miles (
CITY ST-ZIP		Loner	4.4 CITY			····	Chares	☐ Addition
TITLE		DELETE	5.1 1111				Change	T VOSITION
NAME			5.2 NAM					
STREET ADDRESS	6			ET ADDRESS				
CITY - ST - 7IP		DELETE		-ST-ZIP			Change	Addition
TIFLE		נ) טכנבונ	6.1 1171.1				LL Change	L. Adultion
NAME			6.2 NAM	į				
STREET ADDRESS				ET ADDRESS				
CITY -ST - ZIF			64 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, oven an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-97 (904-228-3525)
Date Phone #