FILED

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P95000084854

F B UNIQUE IMPORTS INC.

Principal Place of Business		Mailing Address			i instinkt ten inset natit matt ant		11(1 01081 10101 1	IIIII BIBI HABI	
1502 INDUSTRIAL ROAD		1502 INDUSTRIAL ROAD							
SUITE A-1		SUITE A-1			DO NOT WRIT	E IN THIS	SPACE		
EDGEWATER FL 32132		EDGEWATER FL 32132		3. Date Incorporated or Qualifed	LINTING	31 AOL			
						11/02/1995			1
2 Principal Pi	lace of Business	2a, Mailing Address				4. FEI Number			plied For
-	ace or business	26				59-3342253		_ 	t Applicable
Suite, Apt.	# etc.	Suite, Apt. #, etc.						\$8.75 A	
22		27				5. Certifcate of Status Desired		Fee Re	quired
City & State	e	City & State	· ·	_		6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution	<u> </u>	Added t	o Fees
Zip	Country	Žip	Country	'		8. This corporation owes the curr	ent year Inta		
24	25	29 3	0			Personal Property Tax.		Yes	No.
	9. Name and Address of Current	Registered Agent		Y		10. Name and Address of New R	egistered A	<u>Ag</u> ent	
			81	Nan	16				}
	DAKOWSKI, BOGDAN		82	Stre	et Addre	ss (P.O. Box Number is Not Accepta	ible)		
	INDUSTRIAL ROAD							_	
_	E A-1		83						}
EUGI	EWATER FL 32132		84	City			FL	85 Zip 0	ode
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statute:								abonging its	rogistored
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	f Florida. Such change was aut	honzed by	the co	ed corpo orporation	ration submits this statement for the n's board of directors. I hereby accep	t the appoin	ntment as rec	gistered
SIGNATURE							DATE		{
40	Signature, typed or printed name of registered agent OFFICERS AND		13.	nt signati	ne required	when reinstating) ADDITIONS/CHANGES TO OF		D DIRECTO	RS IN 12
TITLE	PVS	DELETE	1.1 TITLE		T	7.001110110101011111102011001	752715711	Change	☐ Addition
NAME	fundakowski, bogdan	- ··	1.2 NAME						
STREET ADDRESS	ACCOUNTS OF THE POST			1.3 STREET ADDRESS					
CITY-ST-ZIP	EDGEWATER FL		1.4 CITY-ST-ZIP						1
TITLE	T DELETE			2.1 TITLE				Change	Addition
NAME	FUNDAKOWSKI, REGINA			2.2 NAME					}
STREET ADDRESS	AND MANAGEMENT BOARD ATE A A			2.3 STREET ADDRESS					Ì
CITY-ST-ZIP	EDGEWATER FL	٠	2. 4 CiTY-5	ST-ZIP_	}_			. <u></u>	
TITLE		☐ DELETE	3.1 TITLE	····				Change	☐ Addition
NAME			3.2 NAME						}
STREET ADDRESS			3.3 STREE	T ADDRE	ss				
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP					
TITLE		☐ DELETE	4.1 TITLE					Change	Addition
NAME			4. 2 NAME		İ				
STREET ADDRESS			4.3 STREE	TADDRE	ss				ļ
CITY-ST-ZIP			4.4 CITY+S	T-ZIP					
TITLE		☐ DELETE	5.1 TITLE					Change	Addition A
NAME			5.2 NAME						ĺ
STREET ADDRESS			5.3 STREE	TADDRE	SS				}
CITY-ST-ZIP			5.4 CITY-9	T-ZIP					
TITLE		☐ DELETE	6.1 TITLE					Change	☐ Addition

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 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 with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP