

FILE NOW: FILING FEE AFTER MAY 1ST IS \$50.00

FILED
May 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000086473 (2)

1. Corporation Name
UNIQUE RESORT DESIGNS, INC.

Principal Place of Business

5085 MEDORAS AVENUE
ST. AUGUSTINE FL 32084

Mailing Address

5085 MEDORAS AVENUE
ST. AUGUSTINE FL 32084

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 5820 BIMINI WAY SOUTH	26 5820 BIMINI WAY SOUTH
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State ST. PETE BEACH, FL	28 City & State ST. PETE BEACH, FL
24 Zip 33706	29 Zip 33706
25 Country	30 Country

3. Date Incorporated or Qualified 11/09/1995	Applied For Not Applicable
4. FEI Number 59-3358167	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

ARONSON, BENJAMIN
5085 MEDORAS AVENUE
ST. AUGUSTINE FL 32084

10. Name and Address of New Registered Agent

Name
WILLIAM T. GAUDRY JR.
Street Address (P.O. Box Number is Not Acceptable)
5820 BIMINI WAY SOUTH
City
ST. PETE BEACH FL 33706

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *William T. Gaudry Jr.* WILLIAM T. GAUDRY JR., PRESIDENT 3/25/98 DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DSP	1.1 NAME	PRESIDENT, SECRETARY
NAME	ARONSON, BENJAMIN	1.2 NAME	WILLIAM T. GAUDRY, JR.
STREET ADDRESS	5085 MEDORAS AVENUE	1.3 STREET ADDRESS	5820 BIMINI WAY SOUTH
CITY-ST-ZIP	ST. AUGUSTINE FL	1.4 CITY-ST-ZIP	ST. PETE BEACH, FL 33706
TITLE	VD	2.1 NAME	
NAME	ARONSON, MURIEL K	2.2 NAME	
STREET ADDRESS	5085 MEDORAS AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL	2.4 CITY-ST-ZIP	
TITLE		3.1 NAME	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 NAME	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 NAME	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 NAME	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 in an attachment with an address.

SIGNATURE *William T. Gaudry Jr.* 3/25/98 813-367-2557

CR2E034 (10/97)