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

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # P9600001423 (8)

UNIQUE ORLANDO, INC.

Principal Place of Business

APPROVED

97 MAY 28 AM 11:55

SECRETARY OF STATE TALLAHASSEE, FLORIDA



490 EAST PALMETTO PARK ROAD SUITE 110 BOCA RATON FL 33432		490 EAST PALMETTO PARK ROAD SUITE 110 BOCA RATON FL 33432-5065		Date Incorporated or Qualified	3a. Date of Last Report	
					01/05/1996	am mana at manat trabati
2. Principal Place of Business 2a. Mailing Address						Applied For
21	26			59-3125104	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, e			λ.			\$8.75 Additional
22	27			5. Certificate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Count	ry	8. This corporation has liability for in	
24 25 29 30 9. Name and Address of Current Registered Agent			30	Florida Statutes Yes No		
				81 Name		
MAX DENNIS,						
490 EAST PALMETTO PARK ROAD SUITE 110				82 Street Address (P.O. Box Number is Not Acceptable)		
BOCA RATON FL 33432			R	3	··· • · · · · · · · · · · · · · · · · ·	
DOUM INTUIT FL 33432						
			8	4 City		FL 85 Zip Code
office or o	to the provisions of Sections 607.0502 eg-stered agent, or both, in the State i m familiar with, and accopt the obliga	of Florida. Such channe was a	uthorized l	hy the cornors	poration submits this statement for the pi ation's board of directors. I hereby accep	urpose of changing its registered
SIGNATURE						
	Signature, typed or printed name of registered agen	and title it applicable. (N	: Registered A	gent signature requ	ired when reinstating)	DATÉ
		e de la Farta de la Serie de	13.		ADDITIONS/CHANGES TO OFFICE	
	Director/President		11 TITLE	1	4000021	74 9 9 11 Admin
NAME	Dennis Max		1.2 NAM	- , }	7037 1673	31 OTODE AMA
STREET ADORESS	490 E. Palmetto Pa		<b>,</b>	ET ADDRESS	### <del>*</del> \$50	),00 <b>***</b> *550.00
CHY+ST-ZIP TITLE	Boca Raton, FL 33	3432	1.4 City 21 Title			Change Addition
NAME.	Director/Vice Pres	sident&Secretary	2 7 111L	1		CT Cuanda CT Vacuum
STREET ADDRESS	Burt Rapport		0.0 0705	ET ADDRESS		
	490 E. Palmetto Pa	ark RdSuite 110	)	i		
CHY-S1-ZIP THE	Boca Raton, FL	1 DOLOTE	31 TITLE	-ST-ZIP		Change Addition
NAME	Director/Treasure	-	32 NAM			time according time continue
STREET ADORESS	Dan Catalfumo	ante mai parte a 110		ET ADDRESS		
CITY-S1-ZIP	490 E. Palmetto Pa		•	-ST-ZIP		
TITLE	Boca Raton, FL	DELETE DELETE	41 TITLE			☐ Change ☐ Addition
NAME	Director	<u></u>	4 2 NAN			
STREET ADDRESS	Patti Max	na outin 33.	44 0700	ET ADDRESS		
CHY-S1-ZIP	490 E. Palmetto Pa Boca Raton, FL		4.4 CITY			
TITLE	poca_raton,ri	DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAM		Λ	
STREET ADDRESS			1	ET ADDRESS	/	Mills
CITY-ST-ZIP			5.4 CITY		Uil	yuu
TITLE		☐ DELETE	6.1 TITLE	<del></del>	أستم	Uluw 28 19 Ghange Maddition
NAME			6.2 NAM	E	51	20197
STREET ADDRESS			6.3 STRE	ET ADDRESS	- 1	* [
00 × 01 3/0			CACITY	CT TID		

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 or on an attachment with an address.

SIGNATURE: