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May 01 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000004056 (3)

1. Corporation Name  
UNCONVENTIONAL, INC.

Principal Place of Business  
6606 MIAMI LAKES DRIVE EAST  
MIAMI LAKES FL 33014

Mailing Address  
6606 MIAMI LAKES DRIVE EAST  
MIAMI LAKES FL 33014-2754



3. Date Incorporated or Qualified  
01/10/1996

3a. Date of Last Report

2. Principal Place of Business

21. 1924 NW 6 ST  
Suite, Apt. #, etc.

2a. Mailing Address

26. 1924 NW 6 ST  
Suite, Apt. #, etc.

4. FEI Number  
65-0632810

Applied For  
Not Applicable

22. City & State

23. GAINESVILLE, FL

27. City & State

28. GAINESVILLE, FL

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

24. 32609 Zip Country  
25. USA

29. 32609 Zip Country  
30. USA

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

DIFRANCO, ANTONIO  
6606 MIAMI LAKES DRIVE EAST  
MIAMI LAKES FL 33014

10. Name and Address of New Registered Agent

81. Name  
DIFRANCO, ANTONIO

82. Street Address (P.O. Box Number is Not Acceptable)

83. 1924 NW 6 ST

84. City GAINESVILLE FL 85. Zip Code 32609

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

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/21/97  
DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME DIFRANCO, ANTONIO  
STREET ADDRESS 6606 MIAMI LAKES DRIVE EAST  
CITY- ST- ZIP MIAMI LAKES FL 33014

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition  
1.2 NAME DIFRANCO, ANTONIO  
1.3 STREET ADDRESS 1924 NW 6 ST  
1.4 CITY- ST- ZIP GAINESVILLE, FL 32609

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/97 352-335-2767  
Date Daytime Phone #

0121372

CR2E034 (9/96)