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CORPORATION ANNUAL REPORT



ELORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State

## DIVISION OF CORPORATIONS 1998 DOCUMENT # P96000030967 (9) UNIQUE ELEGANCE, INC.

## **FILED** Feb 05 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 3200 S.E. 1ST COURT 3200 S.E. 1ST COURT **BOYNTON BEACH FL 33435** BOYNTON BEACH FL 33435 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/09/1996 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business 26 65-0658175 Not Applicable 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State \$5.00 May Be City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible ✓ Yes 29 30 Personal Property Tax due June 30. 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DIBLASI, MARY ANN 3200 SE 1ST CT Street Address (P.O. Box Number is Not Acceptable) **BOYNTON BEACH FL 33435** 83 84 City 85 Zip Code 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 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change \_\_\_ Addition 1.1 TITLE DELETE TITLE 1,2 NAME DIBLASI, MARY ANN NAME 3200 SE 1ST COURT 1.3 STREET ADDRESS STREET ADDRESS **BOYNTON BEACH FK L3343-5** 1.4 CITY-ST-ZIP CITY-ST-ZIP Change \_\_\_ Addition DELETE TITLE 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY - ST-ZIP DELETE Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST-ZIP CITY - ST - ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP Addition Change DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 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 on an attackment with an address.

SIGNATURE:

Ples.