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Mar 28 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 # P96000078116 (6)

1. Corporation Name
UNCONVENTIONAL CONCEPTS, INC.



Principal Place of Business
60 2ND STREET
SHALIMAR FL 32579

Mailing Address
60 2ND STREET
SHALIMAR FL 32579-1784

3. Date Incorporated or Qualified
08/28/1996

3a. Date of Last Report

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 25
2a. Mailing Address
26 P. O. Box 1626
27 Suite, Apt. #, etc.
28 Eglin AFB, FL
29 Zip 32542 Country USA
30
4. FEI Number
XX Applied For
Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
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
HOPMEIER, MICHAEL J
60 2ND STREET
SHALIMAR FL 32579

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
60 2nd St., Suite 201
83
84 City
FL 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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS
TITLE D DELETE
NAME ROY, ROBERT W
STREET ADDRESS 18 RUE DE LE ROI
CITY-ST-ZIP FORT WALTON BEACH FL 32547
TITLE D DELETE
NAME ROY, ROBERT E
STREET ADDRESS 2805 ARNOLD PALMER CT.
CITY-ST-ZIP SHALIMAR FL 32579
TITLE DELETE
NAME HOPMEIER, MICHAEL J
STREET ADDRESS 60 2ND STREET
CITY-ST-ZIP SHALIMAR FL 32579
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 Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE P/S/T/D Change Addition
3.2 NAME Michael J. Hopmeier
3.3 STREET ADDRESS 60 2nd St, Suite 201
3.4 CITY-ST-ZIP Shalimar, FL 32579
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 its 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: Michael J. Hopmeier 3/22/97 (904) 651-8640
DATE DAY: 28 MONTH: 03 YEAR: 97

CR2E034 (9/96)