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PROFIT CORPORATION ANNUAL REPORT

1997

STREET ADDRESS CITY-ST-ZIP



FLORIDA DEPARAMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000092601 (

UNIQUE PROPERTY MANAGEMENT SYSTEMS INC.

Principal Place of Business Mailing Address 2401 S.E. GILLETTE AVENUE 2401 S.E. GILLETTE AVENUE PORT ST. LUCIE FL 34952 PORT ST. LUCIE FL 34952-7435 3. Date Incorporated or Qualified 3a. Date of Last Report 11/07/1996 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & Stato City & State \$5.00 May Be 6. Election Campaign Financing \Box 23 28 Trust Fund Contribution Added to Fees Country Zip Country Žip 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 Florida Statutes 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 DEJESUS, ESTHER Name 2401 S.E. GILLETTE AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) PORT ST. LUCIE FL 34952 83 84 City 85 Zip Code 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, typed or printed name of registered agent and little if applicable (NOTE_Brigistered Agent signature required whon reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. 96/6) DELETE n/P Change TITLE 1.1 TITLE **DEJESUS, ESTHER** 1.2 NAME 2401 S.E. GILLETTE AVENUE 1.3 STREET ADDRESS STREET ADDRESS PORT ST. LUCIE FL 34952 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE **X** Change **Addition** 2.1 TILLE D/5 GONZALEZ, MIGUEL A JR. NAME 2.2 NAME 2001 S.E. VAN KLEFF AVENUE STREET ADDRESS 2.3 STREET ADDRESS PORT ST. LUCIE FL 34952 CITY-ST-ZIP 2 4 CHY-ST-ZIP DELETE Change 3.1 TITLE Addition TITLE カルフ GONZALEZ, MIGUEL A NAME 3.2 NAME 2001 S.E. VAN KLEFF AVENUE STREET ADDRESS 3.3 STREET ADDRESS PORT ST. LUCIE FL 34952 CITY-ST-ZIP 3 4. City - St - 7IP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - \$1 - ZIP DECETE Change Addition TITLE 5.1 HHLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-\$1-7IP DELETE Addition Change TITLE 6.1 TITLE 6.2 NAME NAME

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 olyanged, or on an attachment with an address.

6.4 CITY - ST - 7/P

6.3 STREET ADDRESS

FOR THE WORLD AND CONTROL OF

4-28-97 6

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FILED

May 19 1997 8:00am

Secretary of State