

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

FILED
Feb 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000092601 (9)
1. Corporation Name
UNIQUE PROPERTY MANAGEMENT SYSTEMS INC.

Principal Place of Business 2401 S.E. GILLETTE AVENUE PORT ST. LUCIE FL 34952	Mailing Address 2401 S.E. GILLETTE AVENUE PORT ST. LUCIE FL 34952
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/07/1996	
4. FEI Number 65-0716755	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25	Country	30	Country

9. Name and Address of Current Registered Agent	
DEJESUS, ESTHER 2401 S.E. GILLETTE AVENUE PORT ST. LUCIE FL 34952	

10. Name and Address of New Registered Agent	
B1 Name	ESTHER DEJESUS
B2 Street Address (P.O. Box Number is Not Acceptable)	2001 SE Van Kleeff Ave
B3 City	PORT ST. LUCIE, FL
B4 City	FL
B5 Zip Code	34952

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	DP
NAME	DEJESUS, ESTHER
STREET ADDRESS	2401 S.E. GILLETTE AVENUE
CITY-ST-ZIP	PORT ST. LUCIE FL
TITLE	DS
NAME	GONZALEZ, MIGUEL A JR.
STREET ADDRESS	2001 S.E. VAN KLEFF AVENUE
CITY-ST-ZIP	PORT ST. LUCIE FL
TITLE	DT
NAME	GONZALEZ, MIGUEL A
STREET ADDRESS	2001 S.E. VAN KLEFF AVENUE
CITY-ST-ZIP	PORT ST. LUCIE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	DP
1.2 NAME	ESTHER DEJESUS
1.3 STREET ADDRESS	2001 SE VAN KLEFF AVE
1.4 CITY-ST-ZIP	PORT ST. LUCIE, FL 34952
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 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 attachment with an address.

SIGNATURE: 

CR2E034 (10/97)