

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

FILED

Apr 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000103680 (0)

1. Corporation Name:
UNIQUE CAPTIVATIONS, INC.

Principal Place of Business 1485 N ATLANTIC COCOA BEACH FL 32931	Mailing Address 1485 N ATLANTIC COCOA BEACH FL 32931-3244
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/23/1996	3a. Date of Last Report N/A
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-3375558		Applied For Not Applicable	
22 City & State Suite D	27 City & State Suite D	5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent GREENE, DONALD G 1485 N ATLANTIC COCOA BEACH FL 32931				10. Name and Address of New Registered Agent	
81 Name					
82 Street Address (P.O. Box Number is Not Acceptable) Suite D					
83					
84 City				85 Zip Code	FL

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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GREENE, DONALD G			1.2 NAME	GREENE, DONALD G.		
STREET ADDRESS	1485 N ATLANTIC			1.3 STREET ADDRESS	1485 N ATLANTIC AVE. Suite D		
CITY-ST-ZIP	COCOA BEACH FL 32931			1.4 CITY-ST-ZIP	COCOA BEACH, FL 32931	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		<input type="checkbox"/> DELETE		2.1 TITLE	V/S/D		
NAME				2.2 NAME	GREENE, DONALD G.		
STREET ADDRESS				2.3 STREET ADDRESS	1485 N ATLANTIC AVE Suite D		
CITY-ST-ZIP				2.4 CITY-ST-ZIP	COCOA BEACH FL 32931	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE			
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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: *Donald G. Greene* **Donald G. Greene** **4/8/97** **407-7844927**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0001120

CR2E034 (9/96)