


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

FILED

May 11 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000002146 (3) 1. Corporation Name UNIQUE FINANCIAL CONCEPTS, INC.					
Principal Place of Business 2810 SW 122ND AVE MIAMI FL 33175			Mailing Address 2810 SW 122ND AVE MIAMI FL 33175		
2. Principal Place of Business 21 900 N FEDERAL Highway Suite, Apt. #, etc. 300 22 City & State 23 BOCA RATON FLA. Zip 33432 Country		2a. Mailing Address 26 Suite, Apt. #, etc. Same 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 01/08/1997 4. FEI Number 65-0796449 Applied For Not Applicable 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent KENT, JIM 2810 SW 122ND AVE MIAMI FL 33175			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS TITLE D NAME KENT, JIM STREET ADDRESS 2810 SW 122ND AVE CITY-ST-ZIP MIAMI FL 33175 DELETE <input checked="" type="checkbox"/>			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 1.1 TITLE Pres. & D 1.2 NAME Lundy ROBERTSON 1.3 STREET ADDRESS 900 N. FEDERAL Highway Suite 300 1.4 CITY-ST-ZIP BOCA RATON FLA 33432 Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE <input type="checkbox"/>			2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP Change <input type="checkbox"/> Addition <input type="checkbox"/>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE <input type="checkbox"/>			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP Change <input type="checkbox"/> Addition <input type="checkbox"/>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE <input type="checkbox"/>			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP Change <input type="checkbox"/> Addition <input type="checkbox"/>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE <input type="checkbox"/>			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP Change <input type="checkbox"/> Addition <input type="checkbox"/>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE <input type="checkbox"/>			6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP Change <input type="checkbox"/> Addition <input type="checkbox"/>		
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: Lundy ROBERTSON 4-30-98 (56) 4175000					



DO NOT WRITE IN THIS SPACE

CR2E034 (10/97)