

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$350 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

Received 9-15-99

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 OCT -6 AM 10:26

DOCUMENT # P97000038654

1. Corporation Name
UNIQUE WESTON, INC.

Principal Place of Business

490 EAST PALMETTO PARK ROAD
SUITE 110
BOCA RATON FL 33432

Mailing Address

490 EAST PALMETTO PARK ROAD
SUITE 110
BOCA RATON FL 33432

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/30/1997

4. FEI Number

59-3453820

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 owes the current year
Intangible Personal Property.

☐ Yes ☐ No

2. Principal Place of Business

21 2210 WESTON RD

Suite, Apt. #, etc.

22 City & State

23 WESTON, FL

24 Zip

25 Country

2a. Mailing Address

26 222 CLEMATIS ST

Suite, Apt. #, etc.

27 SUITE 207

28 City & State

29 WEST PALM BCH FL

30 Zip

31 Country

32 USA

9. Name and Address of Current Registered Agent

MAX, DENNIS
490 EAST PALMETTO PARK ROAD
SUITE 110
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81 Name

VISCONTI, GERALD

82 Street Address (P.O. Box Number is Not Acceptable)

222 CLEMATIS ST

83 SUITE 207

84 City

WEST PALM BCH FL

85 Zip Code

33401

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	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
P	DENNIS MAX	490 E PALMETTO PARK RD #110	BOCA RATON FL 33432	<input checked="" type="checkbox"/>
EVP	BURT RAPOPORT	490 E PALMETTO PARK RD #110	BOCA RATON FL 33432	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-STATE-ZIP	1.5 DELETE
P	VISCONTI, GERALD	222 CLEMATIS ST, STE 207	WEST PALM BCH, FL 33401	<input type="checkbox"/>
P	HOLLAND, VINCENT	222 CLEMATIS ST, STE 207	WEST PALM BCH, FL 33401	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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***550.00 ***550.00

14. I hereby certify that the information supplied with this report 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 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 incorporator 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 attached form with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)