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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000040535 (1)

FILED Feb 18 1998 8:00am Secretary of State

1. Corporation	NIQUE/SIGNATURE GROU	IP, INC.			
Principal Place of Business Mailing Address					- I INCLUDAT IIO (SIII) IRBUL RELUI ORMI ORMI ORMI OLUI ORIGI ORIGI ORIGI EKAT ÜÜDI
14220 CARLS		14220 CARLSON CIR. TAMPA FL 33626			7.7247
173347777	••••	1711117 61 7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified 05/07/1997
2. Principal F	Place of Business	2a. Mailing Address	2e. Mailing Address 26		4. FEI Number Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			SS 75 Additional
27					5. Certificate of Status Desired Fee Required
City & Stat	0	City & State	City & State		6, Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip	h1			У	8, This corporation owes or has paid the current year Intangible
24	25 g. Name and Address of Curr	29 29 29 20 20 20 20 20 20 20 20 20 20 20 20 20	30		Personal Property Tax due June 30. X Yes No 10. Name and Address of New Registered Agent
14/4		om Hogistorea Agent	81	Name	10, maile and realises of the hogeless regime
WATTS, BARBARA D 14270 CARLSON CIR.			82	Street Addre	ess (P.O. Box Number is Not Acceptable)
TAI	MPA FL 33626		83		
			84 City		■■ 85 Zip Code
office or a agent. I a SIGNATURE	to the provisions of sections on the State registered agont, or both, in the State and familiar with, and accept the oblined harmonic of the state of the section of the state of the section of the sect	tts		re-named corporations the corporations of the corporation of the corporations of the corporation of the corporation of the corporation of the corp	oration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered
12.		AND DIRECTORS	13.	jeni signarure requirer	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DPT	DELETE	1.1 TITLE		Change Addition
NAME	WATTS, BARBARA D		1.2 NAME		
STREET ADDRESS	1608 LAGO VISTA BLVD.		1.3 STREE	T ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34685		1.4 CiTY-1	S1-ZIP	
TITLE	DVS	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	Watts, William W		2.2 NAME		
STREET ADDRESS	1001 AYNESLEY ST.		2.3 STREE	T ADDRESS	
CITY-ST-ZIP	CLENTON TOWNSHIP MI		2.4 CITY-	ST-ZIP	
TITLE		☐ DELE te	3.1 TITLE		Change Addition
NAME	1		3.2 NAME		
STREET ADDRESS	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1	T ADDRESS	
CITY-ST-ZIP			3.4. CITY- 4.1 TITLE	SI-ZIP	☐ Change ☐ Addition
TITLE				.	C cominge C worldoor
NAME CIDEET ADDRESS			4. 2 NAME	T ADDRESS	
STREET ADDRESS CITY-ST-ZIP					
TITLE		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS		1	T ADDRESS		
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		5.4 CITY - :		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADORESS			6.3 STREE	T ADDRESS	
CITY-ST-ZIP			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.

BALLING NO DIDATE

1-11-98