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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000102554

1. Corporation Name

LINIOUE COLLECTIONS INC

## FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90271 005 \*\*\*150.00

UNIQUE	COLLECTIONS, INC.				
Principal Plac	ce of Business	Mailing Address			
l *		2391 SUGARTREE CT			
2391 SUGARTRE PENSACOLA FL		PENSACOLA FL 32503			
	· <del></del>				DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed
1					12/03/1998
2. Principal f	Place of Business	2a. Mailing Address		_	4. FEI Number Applied For
21	·	26		_	59-3546 238 Not Applicable
Suite, Apt		Suite, Apt. #, etc.			5. Certificate of Status Desired  \$8.75 Additional
22 429	-E. Zaragoza -St	<u>. 27 - 429-8. 2</u>	ara	aza S	5. Certificate of olditus position Fee Required
City & Sta	. 1 /1	City & State			6. Election Campaign Financing 5.00 May Be
23 461	150cola, Fl	28 <b>4915acola</b>	, t		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Cour	try	8. This corporation owes the current year Intangible
24 32	<b>501</b> [25]	29 32501	30	_	Personal Property Tax. Yes To No
	9. Name and Address of Current	Registered Agent		=211	10. Name and Address of New Registered Agent
S	WANDA C			81 Name	
BELL, WANDA G				ddress (P.O. Box Number is Not Acceptable)	
2391 SUGARTREE CT					
PENS	SACOLA FL 32503			83	
			ļ	54 00	85 Zip Code
Į			[	B4 City	FL 85 Zip Code
11. Pursuant	t to the provisions of Sections 607.0502	2 and 607.1508, Florida Statute	s, the at	 ove-named co	orporation submits this statement for the purpose of changing its registered
diffice or	registered agent, or both, in the State of	of Florida. Such change was au	ıthorized	by the corpora	ation's board of directors. I hereby accept the appointment as registered
]		ions of, Section 607.0505, Flori	iua Siaiu	169.	
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable (NOTE:	Registered	ogent signature regu	guired when reinstating) DATE
12.	OFFICERS ANI		13.	gan agnalara raqu	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1,1 111	E	Change Addition
NAME	BELL, WANDA G		1.2 NA	AF	
STREET ADDRESS	AAAA AUGUSTBEE AT			EET ADDRESS	
	PENSACOLA FL 32503			/-ST-ZIP	
TITLE	n	☐ DELETE	2.1 TIT		☐ Change ☐ Addition
NAME	BELL, KIMBERLY D		2.2 NA		,
	2343 ARRIVISTE WAY			EET ADDRESS	
ì -			- 1		
CITY-ST-ZIP	PENSACOLA FL 32504	DELETE	2.4 CI 3.1 TIT	Y-ST-ZIP	Change Addition
TITLE	Pro to	□ vereve	•	1	
NAME			3.2 NA	Į.	
STREET ADDRESS	· ·			EET ADDRESS	
CITY-ST-ZIP		— M nevere	_	Y-ST-ZIP	☐ Change ☐ Addition
TITLE		☐ DELETE	4.1 TIT	<b>F</b> _	£_1 Change ☐ Addition
NAME	-		4. 2 NA		
STREET ADDRESS	5		4.3 \$TI	EET ADDRESS	
CITY-ST-ZIP			_	/-ST-ZIP	
TTLE	}	□ DELETE	5.1 TIT	1	☐ Change ☐ Addition
NAME			5.2 NA	1	
STREET ADDRESS	s		5.3 ST	EET ADDRESS	
CITY-ST-ZIP				/-ST-ZIP	
TITLE		☐ DELETE	6.1 TIT	£	Change Addition
NAME	, , , , , , , , , , , , , , , , , , , ,		6.2 NA	4F	
I					•
STREET ADDRESS	5			EET ADDRESS	·

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, with all other like empowered.