


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

**FILED**  
**Apr 02, 1999 8:00 am**  
**Secretary of State**

04-02-1999 90081 039 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # S62263**  
 1. Corporation Name  
**UNIQUE MEDAL & BADGE, INC.**



Principal Place of Business 1051 SINGER DRIVE RIVIERA BEACH FL 33404	Mailing Address 50 BACON STREET PAWTUCKET RI 02860 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 5400 NORTH OCEAN DRIVE	2a. Mailing Address 26
Suite, Apt. #, etc. 22 PH-D	Suite, Apt. #, etc. 27
City & State 23 RIVIERA BEACH, FLORIDA	City & State 28
Zip 24 33404	Country 25
Country 29	Zip 30

3. Date Incorporated or Qualified 06/21/1991	
4. FEI Number 65-0268352	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

BLISS, FRANCIS V.  
 1051 SINGER DRIVE  
 RIVIERA BEACH FL 33404

10. Name and Address of New Registered Agent

81 Name	BLISS, FRANCIS V
82 Street Address (P.O. Box Number is Not Acceptable)	5400 NORTH OCEAN DRIVE
83	PH-D
84 City	RIVIERA BEACH
85 State	FL
86 Zip Code	33404

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: *Francis V. Bliss* FRANCIS V. BLISS P DATE: MARCH 31, 1999

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	BLISS, FRANCIS V.	
STREET ADDRESS	1051 SINGER DR	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BLISS, FRANCIS V	
1.3 STREET ADDRESS	5400 NORTH OCEAN DRIVE	
1.4 CITY-ST-ZIP	RIVIERA BEACH, FLORIDA 33404	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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, with all other like empowered.

SIGNATURE: *Francis V. Bliss* FRANCIS V. BLISS DATE: MARCH 31, 1999 1-800-717-2500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)