

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

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90045 036 ***158.75

DOCUMENT # S92963

1. Corporation Name
UNIQUE HABITAT, INC.

Principal Place of Business
435 61ST AVE.
VERO BEACH FL 32968-9349

Mailing Address
P.O. BOX 650444
VERO BEACH FL 32965



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/08/1991

4. FEI Number
65-0297300

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 Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 1491 S. Brocksmith Rd

26 same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Ft. Pierce, FL

28 City & State

24 34945 25 USA

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

POWLAS, EDITH
435 61ST AVE.
VERO BEACH FL 32960

81 Name Amy J. Lounds

82 Street Address (P.O. Box Number is Not Acceptable)
1491 S. Brocksmith Rd.

83

84 City Ft. Pierce

85 Zip Code FL 34945

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 Amy J. Lounds

(NOTE: Registered Agent signature required when reinstating)

April 27, 1999

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME POWLAS, EDITH
STREET ADDRESS PO BOX 650444 N/A
CITY-ST-ZIP VERO BEACH FL 32965

1.1 TITLE P
1.2 NAME Amy J. Lounds
1.3 STREET ADDRESS 1491 S. Brocksmith Rd.
1.4 CITY-ST-ZIP Ft. Pierce, FL 34945

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 27, 1999 (561) 216-7552

Date

Daytime Phone #

0121335

CR2E034 (11/98)