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FILED

Jan 30 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # V26112

(5)

1. Corporation Name

UNIQUE PREMIUM PRODUCTS, INC.



Principal Place of Business

14270 CARLSON CIRCLE  
TAMPA FL 33626  
US

Mailing Address

14270 CARLSON CIRCLE  
TAMPA FL 33626-3001  
US

2. Principal Place of Business

21 14220 CARLSON CIR.  
Suite, Apt. #, etc.

22 City & State  
TAMPA, FLORIDA

23 Zip Country  
33626 USA

24 33626 USA

2a. Mailing Address

26 14220 CARLSON CIR.  
Suite, Apt. #, etc.

27 City & State  
TAMPA, FL.

28 Zip Country  
33626-3001 USA

29 33626-3001 USA

3. Date Incorporated or Qualified

04/01/1992

3a. Date of Last Report

04/10/1996

4. FEI Number

59-3123242

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

WATTS, BARBARA D.  
UNIQUE PREMIUM PRODUCTS  
14270 CARLSON CIRCLE  
TAMPA FL 33626

10. Name and Address of New Registered Agent

81 Name  
WATTS, BARBARA D.  
82 Street Address (P.O. Box Number is Not Acceptable)  
14220 CARLSON CIRCLE  
83  
84 City  
TAMPA  
85 Zip Code  
FL 33626

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: Barbara D. Watts

Signature, typed or printed name of registered agent and title if applicable:

(NOTE: Registered Agent signature required when reinstating)

DATE

11/23/97

12. OFFICERS AND DIRECTORS

TITLE P  
NAME WATTS, BARBARA D  
STREET ADDRESS 2010 COUNTRYBROOK DR. 1608 Lago Vista BLVD  
CITY-ST-ZIP PALM HARBOR FL 34685

TITLE S  
NAME BAKER, ROBERT  
STREET ADDRESS 6527 LONG OAK CT  
CITY-ST-ZIP LAKELAND FL

TITLE D  
NAME BAKER, BRUCE M  
STREET ADDRESS 6412 SHADOWBROOK DR E  
CITY-ST-ZIP LAKELAND FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

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

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

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

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

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

Barbara D. Watts  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/23/97

Date

Daytime Phone #

CR2E034 (9/96)