

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

FILED  
May 06 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V55558 (3)

1. Corporation Name  
UNIQUE GLOVEBAGS, INC.

Principal Place of Business  
2655 SW GREENWICH WAY  
PALM CITY FL 34980

Mailing Address  
2655 SW GREENWICH WAY  
PALM CITY FL 34980



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4889 SW GOLFSIDE DR Suite, Apt. #, etc.		2a. Mailing Address 26 4889 SW GOLFSIDE DR Suite, Apt. #, etc.		3. Date Incorporated or Qualified 07/27/1992	
22 City & State 23 PALM CITY FL		27 City & State 28 PALM CITY FL		4. FEI Number 65-0357153 Applied For Not Applicable	
24 Zip 34990		25 Country		5. Certificate of Status Desired \$8.75 Additional Fee Required	
26 Zip 34990		27 Country		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees	
28 Zip 34990		29 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 Yes No	

9. Name and Address of Current Registered Agent KOHL, N. DEAN, JR. 2400 SOUTH FEDERAL HIGHWAY SUITE 400 STUART FL 34994		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
STREET ADDRESS	2655 SW GREENWICH WAY	1.3 STREET ADDRESS	4889 SW GOLFSIDE DR
CITY-ST-ZIP	PALM CITY FL	1.4 CITY-ST-ZIP	
TITLE	NAME	2.1 TITLE	2.2 NAME
STREET ADDRESS	2655 SW GREENWICH WAY	2.3 STREET ADDRESS	4889 SW GOLFSIDE DR
CITY-ST-ZIP	PALM CITY FL	2.4 CITY-ST-ZIP	
TITLE	NAME	3.1 TITLE	3.2 NAME
STREET ADDRESS	2655 SW GREENWICH WAY	3.3 STREET ADDRESS	4889 SW GOLFSIDE DR
CITY-ST-ZIP	PALM CITY FL	3.4 CITY-ST-ZIP	
TITLE	NAME	4.1 TITLE	4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS		6.3 STREET 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, unchanged, or on an attachment with an address.

SIGNATURE \_\_\_\_\_ DATE 4/27/98

CR2E034 (10/97)