5-14.97B- 1233 -C FILE NOW: FILING FEE AFTER MAY 1 IS \$55

PROFIT CORPORATION ANNUAL REPORT

1997

FLORIDA DEPARTMEN

STATE Sandra B. Mor

Secretary of St

DIVISION OF CORPO TIONS

DOCUMENT # V55771

UNIQUE CAST STONE, INC.



FILED

May 14 1997 8:00am

Secretary of State

Principal Place of Business Ma		Mailing Address		· · · · · · · · · · · · · · · · · · ·	
4553 BUCIDA ROAD BOYNTON BEACH FL 33437 US		4553 BUCIDA ROAD BOYNTON BEACH FL 33436-7316 US			
				 Date Incorporated or Qualified 07/28/1992 	3a. Date of Last Report 08/06/1996
2. Principal Place of Business 2a. Mailing		2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0353777	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
		27		5, Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for in	
24	25	29 3	0		Yes No
g, Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent					
	GEWORTH, ALEC DALE 🛮 🗗 🗗 🗸	GUVENT, AUC DAU 53 BUCIDA ROAD INTON BOACH, FL	81 Name		
7 591	o pebbyte broøk lane us	53 BUCIDA RAAN	82 Street A	ddress (P.O. Box Number is Not Acceptabl	e)
/80 1	YNYTONYBĘACH FY 33437 🏻 🛴	JANTONI PERANA TI	, <u> </u>		
•		101010 201017/2	83		
100	110000000000000000000000000000000000000	, 2593	B4 City		85 Zip Code
IVE	whoskess only	<i>{</i>	Only		FL 85 Zip Code
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					
Signature, lyped or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE					
12,	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1]HL E		Change Addition
NAME	EDGEWORTH, ALEC DALE	11/2 0 0 00 00	1.2 NAME		
STREET ADDRESS	56,70 PEBBLE/BROOK/LANE	4553 BUCIDA RD	1.3 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH PL	BOYNTON BOACH 1542/	1.4 CITY - ST - ZIP		İ
TITLE	D	☐ DELETE	2111116		Change Addition
NAME	EDGEWORTH, LORI ANN		2.2 NAME		
STREET ADDRESS	5010 PEBBLE BROOK LANE	4553 BUUDA PARD	2 3 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BRACH FC D	printon Kepaul Prayland	2. 4 CITY - ST - ZIP		i
TITLE		DELETE	3.1 1/ILF		Change Addition
NAME			3.2 NAME		ļ
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		DELETE	4.1 TILE		☐ Change ☐ Addition
NAME			4. 2 NAME	·	
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 City-St-ZiP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	6 1 TITLE		Change Addition
NAME			6.2 NAME		,
STREET ADDRESS			6.3 S REET ADDRESS		
CITY-ST-ZIP			6.4 CLY-ST-ZIP		
14. I do herek	by certify that the information supplied	with this filing does not qualify t	for the exemption sta	aled 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 accuse 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.					