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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V55771

(2)

Secretary of State

**FILED** 

May 05 1998 8:00am

1. Corporation UNIQUI		STONE, INC.	•	(2)	•							
Principal Place of Business Mailing Address										1 B1010 81011 (	HOM DIGH BADA	<b>                                    </b>
4553 BUCIDA ROAD BOYNTON BEACH FL 33437 US 4553 BUCIDA ROAD BOYNTON BEACH FL 33437 US US						,			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified			
								Ì	07/28/1992			Ì
2. Principal P	lace of Busin	1055	2a. Mailing Address						4. FEI Number		A	plied For
21			26						65-0353777		No	ot Applicable
Suite, Apt.	#, <b>e</b> tc.		<b>→</b>	Suite, Apt. #, etc.					5. Certificate of Status Desired			Additional
City & State	<del></del>		27	City & State							Fee Re	
23	·		28	28					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip		Country	<b>├</b> ─┐				Country		8. This corporation owes or has paid the current year Intengible			
24	25 9, Name and Address of Curren			29 30			Τ		Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent			
			ii negiste	red Agent	•	81	Name		10. Hame and Address of New Ne	Aleteled b	- Seur	<del></del>
EDGEWORTH, ALEC DALE 4553 BUCIDA ROAD							<u> </u>					
							Street A	Addres	s (P.O. Box Number is Not Acceptab	le)		
ВО	THIUN DE	ACH FL 33436										·
							ļ				<del></del>	
							City			FL	85 Zip	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the office or registered agent, or both, in the State of Florida. Such change was authoriz agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida St								corpor	ation submits this statement for the p o's board of directors, i hereby accep	urpose of ol the appo	changing it pintment as	s registered registered
SIGNATURE												
	Signature, lyped	or printed name of registered age				d Ape	ent signature	required:	when reinstaling)	DATE	DIDEOTOE	10.00140
12.	Ď	OFFICERS AN	D DIRECT	DELETE	13. 1.1 Ti	TI C	1	···-	ADDITIONS/CHANGES TO OFFIC		Change	Addition
NAME	EDGEWORTH, ALEC DALE				1.2 NAM						CT Olidingo	
STREET ADORESS	.=== =a.= .'==						ADDRESS					
CITY-ST-ZIP	BOYNTON BEACH FL			<b>.</b>			1.4 CITY-ST-ZIP					1
TITLE	D	y., DE, (O, )		DELETE 2.11			<del></del>				Change	Addition
NAME	EDGEWORTH, LORI ANN			2.24		2.2 NAME						
STREET ADDRESS	1			2.3			2.3 STREET ADDRESS					Ì
CITY-ST-ZIP	BOYNTO	ON BEACH FL				2 4 CITY-ST-ZIP						
TITLE				☐ DELETE			3.1 TITLE				Change	Addition
NAME					3.2 N/		}					[
STREET ADDRESS							ADDRESS	l				İ
CITY+ST-ZIP				DELETE			ST - ZIP	<del> </del>			Change	Addition
TITLE NAME				☐ DELETE	4.1 TI 4.2 N						L_I Change	L. Addition
STREET ADDRESS							VDDB266					
CITY-ST-ZIP					4.4 CI		ADDRESS					
TITLE	174.01			DELETE	5.1 TI		11.7.11	ļ			Change	☐ Addition
NAME					5.2 NA		ļ			•		
STREET ADDRESS							ADDRESS					}
CITY-ST-ZIP					5.4 CI							
TITLE				DELETE	6.1 TI				· · · · · · · · · · · · · · · · · · ·		Change	☐ Addition
NAME					6.2 N/	AME	ì					}
STREET ADDRESS					6.3 ST	REET	ADDRESS					
CITY-ST-ZIP					6.4 CF	TY - S1	T-ZIP					ŀ

14. Thereby 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 supplience that 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.