

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

FILED  
Jan 29 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L54287** (2)  
1. Corporation Name  
**TOTAL LOOK OF JACKSONVILLE, INC.**



Principal Place of Business <b>8221-10 SOUTHSIDE BLVD 8221-10 SOUTHSIDE BLVD JACKSONVILLE FL 32256</b>	Mailing Address <b>8221-10 SOUTHSIDE BLVD 8221-10 SOUTHSIDE BLVD JACKSONVILLE FL 32256-0716</b>
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21. Principal Place of Business Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	25.	26. Mailing Address Suite, Apt. #, etc.	27. City & State	28. Zip	29. Country	30.
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3. Date Incorporated or Qualified <b>03/02/1990</b>	3a. Date of Last Report <b>04/26/1996</b>
4. FEI Number <b>59-2994478</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**CURLIN, HUGH E  
8221-10 SOUTHSIDE BLVD  
SUITE 1600  
JACKSONVILLE FL 32256**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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: *Hugh E. Curlin V.P.* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>SIMONE, JULIE C.</b>
STREET ADDRESS	<b>8221-10 SOUTH SIDE BLVD</b>
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>
TITLE	<b>VP</b> <input type="checkbox"/> DELETE
NAME	<b>CULIN, HUGH E.</b>
STREET ADDRESS	<b>8221-10 SOUTHSIDE BLVD</b>
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE
NAME	<b>CURLIN, HUGH E.</b>
STREET ADDRESS	<b>8221-10 SOUTHSIDE BLVD.</b>
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE
NAME	<b>CURLIN, HUGH E.</b>
STREET ADDRESS	<b>8221-10 SOUTHSIDE BLVD.</b>
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE
NAME	<b>CURLIN, HUGH E</b>
STREET ADDRESS	<b>8221-10 SOUTHSIDE BLVD</b>
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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: *Hugh E. Curlin V.P.* DATE: **1-904-645-5936**

CR2E034 (9/96)