

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

FILED

**Jul 08 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 # P97000042820 (5)
 1. Corporation Name
LOOKS GOOD, INC.



Principal Place of Business 1602 N. FLORIDA AVENUE TAMPA FL 33602	Mailing Address 1602 N. FLORIDA AVENUE TAMPA FL 33602
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DO NOT WRITE IN THIS SPACE

21 2. Principal Place of Business	2a. Mailing Address P.O. Box 173301
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State Tampa FL
Zip 33602	Country Hillsborough

3. Date Incorporated or Qualified 05/14/1997	
4. FEI Number 59-2110961	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

MARTINO, THOMAS S
1602 N. FLORIDA AVENUE
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name Brenda L. Fernandez	
82 Street Address (P.O. Box Number is Not Acceptable) 1602 N. Florida Av	
83	
84 City Tampa FL	85 Zip Code 33602

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]* DATE: **4-3-98**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE D	<input checked="" type="checkbox"/> DELETE
NAME MARTINO, THOMAS S	
STREET ADDRESS 1602 N FLORIDA AVENUE	
CITY-ST-ZIP TAMPA FL 33602	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE P. VP. D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME Brenda L. Fernandez	
13 STREET ADDRESS 1602 N. Florida Av	
14 CITY-ST-ZIP Tampa FL 33602	
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	

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*****150.00**

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 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **3-2-98** (813) 634-0376

CR2E034 (10/97)