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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 511378

(2)

THAT SPECIAL LOOK, INC.

FILED Apr 23 1997 8:00am Secretary of State



Principal Place of Business		Mailing Address) TO DESIGN STORY THOUGH THE PRINT WHEN THE CONTRACT STATE STATE STATE STATE STATE STATE STATE STATE		
2866 NW 26TH-ST. 2886 NW 26TH ST. BOCA RATON FL 33434 BOCA RATON FL 33434-60			12			
	, • • • • •		-	Date Incorporated or Qualified 08/27/1976	3a. Date of Last Repo 01/26/1996	ort
	lace of Business	2s. Mailing Address		4. FEI Number	Applie	ed For
21 3038	NW 25 AVE	26 3038 NW 3	IT AVE	59-1689515		pplicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Addi	
City & Stat	°	City & State	Q.,	6. Election Campaign Financing	\$5.00 Ma	
	ANOBEACH FL		XACH FL	Trust Fund Contribution	Added to F	
Zip330	Country 25	29 Zip 33069	Country 30	This corporation has liability for Florida Statutes	intangible tax under s. 19] Yes	9.032,
241	9. Name and Address of Curre		30	10. Name and Address of New Re		
STE	PHANO, MICHAEL D.		81 Name	CHAEL DISTEP	MANO	
286	в N.W 28 St.		82 Street Add	dress (P.O. Box Number is Not Acceptate		
800	CA PATON FL 33434		303	38 NW 25 AV	<u> </u>	
			63			
			84 City	MAN IN ALMON	FL 85 330	90
44 Purcupat	to the provisions of Sections 607.056	12 and 607 1508 Florida Statute	es the shave-nimed col	rongation submits this statement for the r	Ulfrose of changing its re	nistere
office or r	egistered agent, or both, in the State	of Florida. Such change was a	uthorized by the corpora	ation's board of directors. I hereby accept	of the appointment as reg	istered
agent + a	im familiar with and accept the toblic	pations of Section 607,0505, Flor	STEDHANO	rporation submits this statement for the pation's board of directors. I hereby accept		
SIGNATURE	Signature Typed/or printed name of registered ag	MICHIELIA	: Registered Agent signature requ		DATE	
12.	OFFICERS AN	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IF	N 12
TITLE	PD	DELETE	1.1 TITLE P	NICHAEL DISTEPHA 038 NW 25 AVE DMPAND BEACH, FL	Change L	Additio
NAME	DI STEPHANO, MICHAEL		1.2 NAME	NI CHARL IT STOP		
STREET ADDRESS	352 DEERCREEK WILDWOOD	1	1.3 STREET ADDRESS	038 NW 23 ME	27019	
CITY-ST-ZIP	DEERFIELD BEACH FL			OMPAND BEACH, FL	5306/	1
THILE		☐ DELETE	21 TITLE	•	Change	Additio
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP			2.4 CITY-ST-ZIP			T Adam.
TITLE		☐ DELETE	3.1 TITLE		Change	Additio
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-712		DELETE	3.4. CITY-ST-ZIP		Change	Additio
TITLE		L.J DELEVE	4.1 TITLE		C Circuite F	_) Moonic
NAME			4 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIF TITLE		DELETÉ	4.4 CITY-SI-ZIP 5.1 TITLE		Change	Additio
		C) Diff.	5.2 NAME		Fill Autolia F	
NAME STREET ADORSESS			1			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY+ST-ZIP TITLE		DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		Change C	Additio
		bear occurs	6.2 NAME			50.00
NAME CORECT ADDRESS			1			
STREET ADDRESS			6 3 STREET ADDRESS			
CITY - ST - ZIP		d with this files does not a said	6.4 CITY-ST-ZIP	nd in Section 119 07/3///) Elorida Statuta	a. I further contifu that the	

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, on an attachment with an address.