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 #

511378

(2)

THAT SPECIAL LOOK, INC.

FII	LED
Jan 28 19	98 8:00am
Secretai	ry of State

*1107.1	of Loral Look, inc.						
Principal Plac	e of Business	Ma	ailing Address				3 TODODO DITOR TIDOR TITODO TITIL TODOS TOTA DEGLA ESPAT DIBIT ENBRE DIRET DEBLE FROM
3038 NW 2 POMPANO US	S AVE BEACH FL 33069		3038 NW 25 AVE POMPANO BEACH FE US	. 33069			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified
							08/27/1976
	lace of Business	26.	Mailing Address				4. FEI Number Applied For
21		26	0 11 4 1 4				59-1689515 Not Applicable
Sulte, Apt. #, etc. 22		27	Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional Fee Required
City & State		28	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip 24	Country 25	29	Zip	30 Cou	ntry	1	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
	g. Name and Address of Curre		tered Agent	100			10. Name and Address of New Registered Agent
3	NSTEPHANO, MICHEAL 038 NW 25 AVE OMPANO BEACH FL 33069				81 82 83 84	Name Street Addr City	fress (P.O. Box Number is Not Acceptable) FL 85 Zip Code
agent. I a SIGNATURE	m familiar with, and accept the oblig Signature, typed or printed name of registered as	gations of	, Section 607.0505, F	Torida Stat	ules	3.	poration submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered
12.	OFFICERS AN	ID DIREC		13.		····	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD		☐ DELET E	1.1 Tri			Change Addition
NAME	DI STEPHANO, MICHAEL			1.2 N/			
STREET ADDRESS	3038 NW 25 AVE					ADDRESS	
CITY-ST-ZIP TITLE	POMPANO BEACH FL		DELETE	1.4 Cf 2.1 Tf		1 - ZIP	Change Addition
NAME			ביין מנכנונ	2.1 III			C Swange C Account
STREET ADDRESS						ADDRESS	
City-St-zip						ST-ZIP	
TITLE			DELETE	3.1 1(1		71 211	Change Addition
NAME				3.2 NA			
STREET ADDRESS				3.3 ST	ree1	ADDRESS	
CITY-ST-ZIP				3.4. C	TY-5	ST-ZIP	
TITLE			DELETE	4.1 FIT	LE	1	Change Addition
NAME				4. 2 N	AME		
STREET ADDRESS				4.3 ST	REET	ADDRESS	
CHTY-ST-ZIP				4.4 CI	IY-S	T-ZIP	
TITLE			DELETE	5.1 111	LE		☐ Change ☐ Addition
NAME				5.2 NA	ME		
STREET ADDRESS				5.3 ST	REET	AODRESS	
CITY-ST-ZIP				5.4 CF	ΓY-\$	T - ZIP	
TITLE			☐ DELETE	61 TH	LE		☐ Change ☐ Addition
NAME				6.2 NA	ME		
STREET ADDRESS				6.3 ST	RLET	ADDRESS	
CITY-ST-ZIP				6.4 CI			
14 I hereby c	ertify that the information supplied y	vith this fi	line does not qualify	for the eye	mn	tion stated in	Section 119 07(3)(i) Florida Statutes I further certify that the information

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.

CIONATURE.