FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 9:55

DOCUMENT # **644908** **(6)**

1. Corporation Name
LOOKDOWN, INC.

Principal Place of Business	Mailing Address
25 CARYSFORT CIR N KEY LARGO FL 33037-3503 US	25 CARYSFORT CIR N KEY LARGO FL 33037-3503 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **11/13/1979**
3a. Date of Last Report: **04/06/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: **59-1962840** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WIRS, E.J. **25 CARYSFORT CIRCLE, N.** **KEY LARGO FL 33037**	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	☐ Change ☒ Addition	
NAME	WIRS, E.J.	12 NAME		
STREET ADDRESS	25 CARYSFORT CIRCLE, N.	13 STREET ADDRESS		
CITY-ST-ZIP	KEY LARGO FL	14 CITY-ST-ZIP	33037	
TITLE	STD	21 TITLE	☐ Change ☒ Addition	
NAME	WIRS, NANCY M	22 NAME		
STREET ADDRESS	25 CARYSFORT CIRCLE, N.	23 STREET ADDRESS		
CITY-ST-ZIP	KEY LARGO FL	24 CITY-ST-ZIP	33037	
TITLE	VD	31 TITLE	☐ Change ☒ Addition	
NAME	WIRS, JEFFREY D	32 NAME		
STREET ADDRESS	2177 NW 114 TERR	33 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL	34 CITY-ST-ZIP	33071	
TITLE	VD	41 TITLE	☐ Change ☒ Addition	
NAME	WIRS, WAYNE	42 NAME		
STREET ADDRESS	PO BOX 4444 (4110 NW 1 DR)	43 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BCH FL	44 CITY-ST-ZIP	33442	
TITLE		51 TITLE	☐ Change ☐ Addition	
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE	☐ Change ☐ Addition	
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS	REMITTED BY MAY 1	
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Nancy D Wirs Secty/Treas. 4/27/95 (305)367-4266
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
NANCY M. WIRS

0086781 CP