

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 644908

1. Corporation Name
LOOKDOWN, INC.

Principal Place of Business

25 CARYSFORT CIR N
KEY LARGO FL 33037-3503
US

Mailing Address

25 CARYSFORT CIR N
KEY LARGO FL 33037-3503
US

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90124 041 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/13/1979

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 214 CHANNEL CT.

Suite, Apt. #, etc.

22

City & State

23 ROCKLEDGE FL

Zip

24 32955

Country

25 BREVARD

2a. Mailing Address

26 214 CHANNEL CT.

Suite, Apt. #, etc.

27

City & State

28 ROCKLEDGE FL

Zip

29 32955

Country

30 BREVARD

9. Name and Address of Current Registered Agent

WIRS, E.J.
25 CARYSFORT CIRCLE, N.
KEY LARGO FL 33037

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

214 CHANNEL CT.

83

84 City ROCKLEDGE

FL

85 Zip Code

32955

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME WIRS, E.J.
STREET ADDRESS 25 CARYSFORT CIRCLE, N.
CITY-ST-ZIP KEY LARGO FL

TITLE STD ☐ DELETE

NAME WIRS, NANCY M
STREET ADDRESS 25 CARYSFORT CIRCLE, N.
CITY-ST-ZIP KEY LARGO FL

TITLE VD ☐ DELETE

NAME WIRS, JEFFREY D
STREET ADDRESS 3005 MINNESOTA PL
CITY-ST-ZIP LOVELAND CO 80538

TITLE VD ☐ DELETE

NAME WIRS, WAYNE
STREET ADDRESS PO BOX 4444 (4110 NW 1 DR)
CITY-ST-ZIP DEERFIELD BCH FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

214 CHANNEL CT
ROCKLEDGE FL 32955

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

214 CHANNEL CT
ROCKLEDGE FL 32955

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/99

Date

(407) 609-9164

Daytime Phone #

CR2F034 (1/1/98)