


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90084 031 ****61.25

0008813

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # 740025

1. Corporation Name

LOOK AND LIVE, INC.

Principal Place of Business

124 WEST ASHLEY ST
 JACKSONVILLE FL 32202

Mailing Address

124 WEST ASHLEY ST
 JACKSONVILLE FL 32202

103173-90084-31



21	2. Principal Place of Business	2a	2a. Mailing Address	3.	Date Incorporated or Qualified	
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		08/31/1977	
22	22. City & State	27	27. City & State	4.	FEI Number	Applied For
	Zip		Zip		59-1762209	Not Applicable
23	23. Country	28	28. Country	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
24	24. Country	29	29. Country	6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

SWAIN, WILLIAM R.
2 PRUDENTIAL PLAZA
SUITE 1710
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITTAKER, E. H.	1.2 NAME	
STREET ADDRESS	1300 S. FIRST STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOUND, A.C.	2.2 NAME	
STREET ADDRESS	3738 RIVER HALL DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32217	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWAIN, W.R.	3.2 NAME	
STREET ADDRESS	3713 TIMUCUA TRAIL	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32277-2251	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLOUNT, JOHN O.	4.2 NAME	
STREET ADDRESS	6264 RIVERA LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32216-2532	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 of the receiver or trustee empowered to execute this report as required by Chapter 617, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

John O. Blount
JOHN O. BLOUNT

(904) 366-1221

CR2E037 (11/98)