

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

FILED
Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90038 045 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **F98000005968**

1. Corporation Name
THE CONTEMPORARY LOOK, LTD., INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
 % GOODLETTE, COLEMAN & JOHNSON, P.A. % GOODLETTE, COLEMAN & JOHNSON, P.A.
 4001 TAMiami TRAIL NORTH, STE. 300 4001 TAMiami TRAIL NORTH, STE. 300
 NAPLES FL 34103 NAPLES FL 34103

3. Date Incorporated or Qualified
10/27/1998

21	2. Principal Place of Business	2a	Mailing Address	4	FEI Number	Applied For
	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.		43-1045525	Not Applicable
22	City & State	27	City & State	5	Certificate of Status Desired	\$8.75 Additional Fee Required
		28			<input type="checkbox"/>	
23	Zip	29	Zip	6	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
	Country	30	Country		<input type="checkbox"/>	
24				8	This corporation owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
LOTTE, KEVIN R ESQ.
 % GOODLETTE, COLEMAN & JOHNSON, P.A.
 4001 TAMiami TRAIL NORTH, STE. 300
 NAPLES FL 34103

10. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	CPT	<input type="checkbox"/> DELETE
NAME	WILSON, THOMAS L	
STREET ADDRESS	355 BANYAN BLVD.	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	BRY, NANCY	
STREET ADDRESS	303 N. MERAMEC	
CITY-ST-ZIP	CLAYTON MO 63105	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	RAVA, JOHN A	
STREET ADDRESS	7129 WASHINGTON AVE.	
CITY-ST-ZIP	ST. LOUIS MO 63130	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Thomas L. Wilson **THOMAS L. Wilson** 3-29-99 941-593-5335
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)