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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H57478

(0)

FILED Apr 08 1997 8:00am Secretary of State

1. Corporation Name LORING'S OUTLOOK TOO, INC. Principal Place of Business Mailing Ad 4643 TAMIAMI TRAIL NORTH C/O A.UZZC 267 BOWMAN AVENUE 287 BOWM/ NAPLES FL 33940 PURCHASE US			& CO N AVENUE NY 10577-2517			
US				3. Date Incorporated or Qualified 05/17/1985	3a. Date of Last F 06/25/1996	Report
2. Principal P	lace of Business 3 Tamiami Trail (2a. Mailing Address		4. FEI Number 59-2533905		pplied For
11 464 Suito, Apt	5 prinarii nari	Suite, Apt. #, etc.			¢0.75	ot Applicable Additional
2		27		Certificate of Status Desired		equired
City & State		City & State		6. Election Campaign Financing		May Be
	es, FL	28	Country	Trust Fund Contribution 8. This corporation has liability for		to Fees
3391	10 25 US	29	30		Tes No	5. 199.032,
·	9. Name and Address of Curre			10. Name and Address of New Re	gistered Agent	
	ING, ELLEN		81 Name			
	EAGATE DRIVE, APT. 6S LES FL 33940		82 Street Add	dress (P.O. Box Number is Not Acceptab	ole)	
IVAF	LEO FL 30540		83			
			B4 City		las 7:	Cada
	•		B4 City		FL 85 Zip	Code
11 Purcusad	to the requisions of Sections 607.05	02 and 607 1508 Florida St	atutes the shove-named cor	rnoration submits this statement for the r		ite registered
	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the obli	502 and 607,1508, Florida St te of Florida. Such change w gations of, Section 607,0505	atutes, the above-named cor vas authorized by the corpora b, Florida Statutes.	rporation submits this statement for the pation's board of directors. I hereby accept		its registered s reg istered
Signature.	Signatur, Typict or princip name of logistered a	gent and title if applicable	(NOTE: Registered Agent signature requ	uired when reinstating)	purpose of changing pt the appointment as	
SIGNATURE.	Signatur, Typict or princip name of logistered a	gent and title if applicable	(NOTE: Registered Agent signature requ		purpose of changing pt the appointment as	RS IN 12
SIGNATURE. 12.	Signature, typical or prior or notice of logistricid a OFFICERS AI PST LORING, ELLEN	gent and title if applicable ND DIRECTORS DELETE	(NOTE: Registered Agent signature requ	uired when reinstating)	DUIPOSE OF CHANGING PIT THE APPOINTMENT AND DIRECTO	RS IN 12
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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 Lam 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF

0006339