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Apr 30 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **K48967** (9)

1. Corporation Name  
**FLORIDA LOOK, INC.**

Principal Place of Business  
**2529 GUAVA  
EDGEWATER FL 32141**

Mailing Address  
**286 CLUB RIO  
EDGEWATER FL 32141-7261  
US**



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

3. Date Incorporated or Qualified <b>12/05/1988</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-2952586</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
OSWALD, KENNETH F. 800 COURTLAND ST. SUITE 110 ORLANDO FL 32804		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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALLSCHLAEGER, MARK A.	1.2 NAME	Wallschlaeger, Mark A.
STREET ADDRESS	680 ST ANDREWS CIRCLE	1.3 STREET ADDRESS	278 Clubhouse Blvd.
CITY-ST-ZIP	NEW SMYRNA BCH FL	1.4 CITY-ST-ZIP	New Smyrna Beach, FL 32168
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALLSCHLAEGER, KEVIN S	2.2 NAME	Wallschlaeger, Kevin S.
STREET ADDRESS	286 CLUB RIO DR.	2.3 STREET ADDRESS	2625 Turnbull Estates Drive
CITY-ST-ZIP	EDGEWATER FL 32141	2.4 CITY-ST-ZIP	New Smyrna Beach, FL 32168
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALLSCHLAEGER, STEVEN M	3.2 NAME	Wallschlaeger, Steven M.
STREET ADDRESS	742 LAUREL BAY CIRCLE	3.3 STREET ADDRESS	1531 Shadow Pines
CITY-ST-ZIP	NEW SMYRNA BEACH FL	3.4 CITY-ST-ZIP	New Smyrna Beach, FL 32168
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALLSCHLAEGER, RANDAL A	4.2 NAME	Wallschlaeger, Randal A.
STREET ADDRESS	286 CLUB RIO DR.	4.3 STREET ADDRESS	750 Willard Street
CITY-ST-ZIP	EDGEWATER FL 32141	4.4 CITY-ST-ZIP	New Smyrna Beach, FL 32168
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALLSCHLAEGER, BRIAN M	5.2 NAME	
STREET ADDRESS	583 LA JARDIN	5.3 STREET ADDRESS	
CITY-ST-ZIP	EDGEWATER FL 32141	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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 do 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.

SIGNATURE: Steven M. Wallschlaeger Steven M. Wallschlaeger 4-21-97 904-428-1278  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)