

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

FILED
Mar 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K48967 (9)

1. Corporation Name
FLORIDA LOOK, INC.



Principal Place of Business 2529 GUAVA EDGEWATER FL 32141	Mailing Address 288 CLUB RIO EDGEWATER FL 32141 US
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 12/05/1988	
4. FEI Number 59-2952586	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

g. Name and Address of Current Registered Agent

**OSWALD, KENNETH F.
 600 COURTLAND ST.
 SUITE 110
 ORLANDO FL 32804**

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
	FL

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	PD	<input type="checkbox"/> DELETE
NAME	WALLSCHLAEGER, MARK A.	
STREET ADDRESS	278 CLUBHOUSE BLVD	
CITY-ST-ZIP	NEW SMYRNA BCH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WALLSCHLAEGER, KEVIN S	
STREET ADDRESS	2825 TURNBULL ESTATES DR	
CITY-ST-ZIP	NEW SMYRNA BCH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WALLSCHLAEGER, STEVEN M	
STREET ADDRESS	1531 SHADOW PINES	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WALLSCHLAEGER, RANDAL A	
STREET ADDRESS	750 WILLARD ST	
CITY-ST-ZIP	NEW SMYRNA BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WALLSCHLAEGER, BRIAN M	
STREET ADDRESS	583 LA JARDIN	
CITY-ST-ZIP	EDGEWATER FL 32141	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Director
5.3 STREET ADDRESS	Wallschlaeger, Brian M.
5.4 CITY-ST-ZIP	4870 S. Atlantic Ave, #102
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.

SIGNATURE _____ **Treasurer** **1-15-98** **904-428-1278**

CR2E034 (10/97)