FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION
ANNUAL REPORT
1995

FILING A DEPARTMENT OF STATE

APPROVED AND FILED

COMPTROLLER
TALLAHASSEE, FLORIDA

DOCUMENT # **N01547** (1)

TOTAL LOOK CONSULTANTS, INC.

Principal Place of Business	Mailing Address
7807 53RD ST P.O. BOX 290351 TEMPLE TERRACE FL 33687	7807 53RD ST P O BOX 290351 TEMPLE TERRACE FL 33687

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/21/1984
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2248482 — Applied For / Not Applicable
5. Certificate of Status (Qualified) [ ] — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)3 Tax Exempt Status [ ] — $68.75 Supplemental Fee Not Required
8. The corporation has filed, for adoption for under S. 607.0142, Florida Statutes: [ ] Yes [X] No

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

9. Name and Address of Current Registered Agent

COMER, MARY
7807 53RD ST.
TAMPA FL 33617

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 Section 607.0501, Florida Statutes, the undersigned corporation submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The name and address of the registered office and the name and address of the registered agent of record in Florida are hereby accepted.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. Additional Officers and Directors to be Added
TITLE	PD	[ ] Change [ ] Addition
NAME	COMER, MARY	
STREET ADDRESS	7807 53RD STREET	
CITY, STATE, ZIP	TAMPA FL	
TITLE	DV	[ ] Change [ ] Addition
NAME	MATHENY, LEVONIA	
STREET ADDRESS	1206 ARIANA BLVD.	
CITY, STATE, ZIP	AUBURNDALE FL	
TITLE	STD	[ ] Change [ ] Addition
NAME	MAY, DEBRA L.	
STREET ADDRESS	19263 BLOUNT RD	
CITY, STATE, ZIP	LUTZ FL	
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		

14. I hereby certify that the information supplied with this report is validated, true and correct and that I qualify for the consideration fee as set forth in Section 607.0122, Florida Statutes, whether paid, that the information shown on the annual report or supplemental annual report, if any, is correct, that the officers and directors listed on the annual report or supplemental annual report, if any, are the officers and directors of the corporation on the date the report is signed, that the corporation has complied with all filing requirements of Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 hereof or in a supplemental filing with an address.

SIGNATURE: Mary Comer — Mary Comer — 4-28-95 — 813 988-0778

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0055245