

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N01547

(1)

1. Corporation Name

TOTAL LOOK CONSULTANTS, INC.



Principal Place of Business

7807 53RD ST.
P.O. BOX 290351
TEMPLE TERRACE FL 33687

Mailing Address

7807 53RD ST.
P.O. BOX 290351
TEMPLE TERRACE FL 33687

3. Date Incorporated or Qualified
02/21/1984

3a. Date of Last Report
05/01/1995

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

Country

Zip

Country

24

25

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30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COMER, MARY
7807 53RD ST.
TAMPA FL 33617

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

☐ DELETE

NAME

COMER, MARY

STREET ADDRESS

7807 53RD STREET

CITY - ST - ZIP

TAMPA FL

TITLE

~~MD~~

☒ DELETE

NAME

~~MATHENY, LEVONIA~~

STREET ADDRESS

~~1206 ARIANA BLVD.~~

CITY - ST - ZIP

~~AUBURNDALE FL~~

TITLE

~~STD~~

☒ DELETE

NAME

~~MAY, DEBBIE~~

STREET ADDRESS

~~10263 BLOUNT RD~~

CITY - ST - ZIP

~~LUTZ FL~~

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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NAME

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CITY - ST - ZIP

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STREET ADDRESS

CITY - ST - ZIP

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

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22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Mary Comer

Mary Comer

4/15/96

813-988-0778

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)