NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

N96000006452 DOCUMENT

1. Corporation Name

NEW OUTLOOK II, INC.

Principal Place of Business

3333 WEST 20TH STREET JACKSONVILLE FL 32254

Mailing Address

POST OFFICE BOX 9010 JACKSONVILLE FL 32208

FILED Aug 24, 1999 8:00 am Secretary of State

08-24-1999 90013 023 ****61.25





2. Principal Pl	lace of Business	2a. Mailing Address	- Bas	19189	3. Date Incorporated or Qualifed 12/18/1996			
Suite, Apt.		Suite. Apt. #. etc.	<u> </u>	-1 17 47	4. FEI Number		Applied For	
	r, 010.	27			59-3421096		Not Applicable	
City & State	9	City & State			5. Certifcate of Status Desired	\$8.75	Additional Required	
Zip	Country	Zip	Country		6. Election Campaign Financing	\$5.0	May Be	
24	25 32218		30 322	145-9189		1 1 7	d to Fees	
	9. Name and Address of Current			10 10 10	10. Name and Address of New R	tegistered Agent		
			81	Name				
SIKORA, GREGORY J				and an analysis of the second				
·				82 Street Address (P.O. Box Number is Not Acceptable)				
3993 WEST-20TH STREET JACKSONVILLE FL 32254				900 University Blud. N., Suite 700				
JAURSUI	WHILE PL 32204							
			84	City		FL 85 3	ip Code 2 2 //	
	to the provisions of Sections 617.0502	1 047 4600 Fb dd- 04-bd	46	JACKS	TONVIIIE	Purpose of changing	its registered	
office or re	egistered agent, or both, in the State o	of Florida. Such change was at	uthonzed by	the corporation	's board of directors. I hereby accep	ot the appointment as	registered	
agent. I a	m familiar with, and accept the obligat	ions of, Section 617.0503, Floi	nda Statutes	i.				
SIGNATURE			GREGO	ORVJ. SI	KURA PRESIDEN	<i></i>		
	Signature, typed or printed name of registered agent			t signature required	when reinstating)	DATE	TODO IN 12	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OF	FICERS AND DIREC		
ππLE	D	☐ DELETE	1.1 TITLE	C		☐ Cliang	B Mudicon	
NAME	Gregory, e c		1.2 NAME					
STREET ADDRESS	11434 YELLOW TAIL COURT		1.3 STREE	TADORESS				
CITY-ST-ZIP	JACKSONVILLE FL 32218		1.4 CITY-S					
TITLE	D	☐ DELETE	2.1 TITLE	V (3	☐ Chang	ge 🔲 Addition	
NAME	FLAGG, EUGENE		2.2 NAME					
STREET ADDRESS	4271 MCDANIEL DRIVE		2.3 STREE	TADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL 32209		2, 4 CITY-5	ST-ZIP		-		
TITLE	D	☐ DELETE	3.1 TITLE	S		☐ Chang	ge Addition	
NAME	SANDERS, DEBORAH		3.2 NAME	-				
STREET ADDRESS	11425 HOBART DRIVE			T ADDRESS				
	JACKSONVILLE FL 32218		3.4. CITY-5	ı				
CITY-ST-ZIP	D	☐ DELETĒ	4.1 TITLE	-	•	☐ Chang	ge 🔲 Addition	
	LEWIS, CHARLES W		4.2 NAME					
NAME	5307 FLEET LANDING BOULE	/ARD		T ADDRESS				
STREET ADDRESS	JACKSONVILLE FL 32233	חוע						
CITY-ST-ZIP	JACKSUNVILLE FL 32233	DELETE	4.4 CITY-S 5.1 TITLE	1-ZIP		Chang	e Addition	
TITLE		□ pereie	5.1 (IILE 5.2 NAME			_ Onling	,	
NAME				T ADDRESS				
STREET ADDRESS								
CITY-ST-ZIP			5.4 CITY-S	1- ZP		[7] Ot	n	
TITLE		☐ DELETE	6.1 TITLE			Chang	ge Addition	
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREE	TADDRESS				
CITY OT 70D			6.4 CITY-S	T-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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or on an attachment with an address, with all other like empowered.

SIGNATURE:

8-10-99 Date