ANNUAL REPORT
1995

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 9:08

DOCUMENT # P93000049913 (5)

1. Corporation Name
CLOSER LOOK INC.

Principal Place of Business	Mailing Address
10 E PALMETTO PK RD STE 103-135 BOCA RATON FL 33432 US	10 E PALMETTO PK RD STE 103-135 BOCA RATON FL 33432 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/09/1993
3a. Date of Last Report: 04/14/1994

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

4. FEI Number: 65-0420720 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

DORI, ANTHONY G
9200 S.W. 9TH STREET CIRCLE
SUITE 205
BOCA RATON FL 33486

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	President	☒ Change ☐ Addition
NAME	~~BROWNEWING, KATHERINE~~	12 NAME	Dori, Helen M.	
STREET ADDRESS	~~6 WASHINGTON ST~~	13 STREET ADDRESS	900 SW 9 Street Cir #205	
CITY-ST-ZIP	~~JAMESTOWN RI~~	14 CITY-ST-ZIP	Boca Raton, FL 33486-5271	
TITLE	VP	21 TITLE	VP	☐ Change ☐ Addition
NAME	DORI, HELEN M	22 NAME	Dori, Helen M	
STREET ADDRESS	900 SW 9 CIR 205	23 STREET ADDRESS	900 SW 9 Street Cir #205	
CITY-ST-ZIP	BOCA RATON FL	24 CITY-ST-ZIP	Boca Raton,FL 33486-5271	
TITLE	T	31 TITLE	T	☒ Change ☐ Addition
NAME	~~DORI, ANTHONY G~~	32 NAME	Dori, Helen M	
STREET ADDRESS	~~900 SW 9 CR 205~~	33 STREET ADDRESS	900 SW 9 Street Cir #205	
CITY-ST-ZIP	~~BOCA RATON FL~~	34 CITY-ST-ZIP	Boca Raton,FL 33486-5271	
TITLE	S	41 TITLE	S	☒ Change ☐ Addition
NAME	~~WING, STEPHEN~~	42 NAME	Dori, Helen M	
STREET ADDRESS	~~6 WASHINGTON ST~~	43 STREET ADDRESS	900 SW 9 Street Cir #205	
CITY-ST-ZIP	~~JAMESTOWN RI~~	44 CITY-ST-ZIP	Boca Raton,FL 33486-5271	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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)(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: Anthony G. Dori 4/6/95 407/338-4449
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Area Code & Phone #)

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