

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED  
  
95 APR 24 AM 10:15  
  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000053377 (6)**

1. Corporation Name  
**THE CLASSIC LOOK, INC.**

Principal Place of Business      Mailing Address  
**585 MONTGOMERY RD  
ALTAMONTE SPRINGS FL 32714**      **585 MONTGOMERY RD  
ALTAMONTE SPRINGS FL 32714**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>07/26/1993</b>	3a. Date of Last Report <b>05/01/1994</b>
4. FEI Number <b>58-3199950</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 <b>1022 W. S.R. 436, Sta 1006</b>	26 <b>1022 W. S.R. 436, Sta 1006</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State <b>Altamonte Springs, FL</b>	City & State <b>Altamonte Springs, FL</b>
Zip <b>32714</b>	Country
24 <b>32714</b>	25
29 <b>32714</b>	30

9. Name and Address of Current Registered Agent  
**LOPEZ, NYDIA  
585 MONTGOMERY RD  
ALTAMONTE SPRINGS FL 32714**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	<b>1022 W.S.R. 436, Sta 1006</b>
83	
84 City	<b>Altamonte Springs FL</b>
85 Zip Code	<b>32714</b>

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 fee # applicable (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>SANCHEZ, WILHE</b>
STREET ADDRESS	<b>585 MONTGOMERY RD</b>
CITY - ST - ZIP	<b>ALTAMONTE SPRINGS FL 32714</b>
TITLE	<b>D</b>
NAME	<b>LOPEZ, NYDIA</b>
STREET ADDRESS	<b>585 MONTGOMERY RD</b>
CITY - ST - ZIP	<b>ALTAMONTE SPRINGS FL 32714</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<b>Unchanged</b>
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
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 110.07(9)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Nydia Lopez* DATE 4/1/95 (107) 262-2585  
Signature typed or printed name of signing officer or director