

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000062459 (1)

1. Corporation Name
TOMORROW'S OUTLOOK, INC.

Principal Place of Business
2489 58TH ST NO.
ST. PETERSBURG FL 33710

Mailing Address
2489 58TH ST NO.
ST. PETERSBURG FL 33710



2. Principal Place of Business
21 6050-62 AVE. NO.
Suite, Apt. #, etc.
22
City & State
23 PINELLAS PARK, FL.
Zip 34665 Country 25 PINELLAS
24
9. Name and Address of Current Registered Agent

2a. Mailing Address
26 6050-62 AVE. NO.
Suite, Apt. #, etc.
27
City & State
28 PINELLAS PARK, FL.
29 34665 30 USA

3. Date Incorporated or Qualified 09/08/1993	3a. Date of Last Report 05/01/1995
4. FET Number 59-3203488	Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution 8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes	\$5.00 May Be Added to Fees □ Yes <input checked="" type="checkbox"/> No

FRIEDMAN, ROSS D
2489 58TH ST NO.
ST. PETERSBURG FL 33710

10. Name and Address of New Registered Agent
81 Name FRIEDMAN, ROSS D.
82 Street Address (P.O. Box Number is Not Acceptable)
6050-62 AVE. NO.
83
84 City PINELLAS PARK
FL Zip Code 34665

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 *Ross D. Friedman*, Ross D. FRIEDMAN, PRES.

5-14-96

Signature typed or printed name of registered agent and the applicable

NOTE: Registered Agent signature required when changing agent.

12. OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO	<input type="checkbox"/> DELETE	1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIEDMAN, ROSS D		1.2 NAME FRIEDMAN, ROSS D.	
STREET ADDRESS	2489 58TH ST NO.		1.3 STREET ADDRESS 6050-62 AVE. NO.	
CITY-ST-ZIP	ST. PETERSBURG FL 33710		1.4 CITY-ST-ZIP PINELLAS PARK, FL 34665	
TITLE	ST	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIEDMAN, HAROLD G.		2.3 STREET ADDRESS	
STREET ADDRESS	6050-62 AVE.		2.4 CITY-ST-ZIP	
CITY-ST-ZIP	PINELLAS PARK FL			
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			3.3 STREET ADDRESS	
STREET ADDRESS			3.4 CITY-ST-ZIP	
CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.3 STREET ADDRESS	
STREET ADDRESS			4.4 CITY-ST-ZIP	
CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.3 STREET ADDRESS	
STREET ADDRESS			5.4 CITY-ST-ZIP	
CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.3 STREET ADDRESS	
STREET ADDRESS			6.4 CITY-ST-ZIP	
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)(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: *Ross D. Friedman*, Ross D. FRIEDMAN, PRES. 5-14-96 813-544-8440

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/95)