SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortnam

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name P93000086566 (5)

OUTLOOK TECHNOLOGY, INC.

| Principal Place of Business | Mailing Address | | | L ODDIA BOL ALO ODIONI ARALE DOLLA DOLLA DO | isa maini inish nishk balan niin dan ibbi | |
|---|---|---------------------------------------|--------------------------------------|---|--|---------------|
| 4707-140TH AVENUE NORTH 308 CLEARWATER FL 34622 | 211 21ST AVENUE ST. PETERSBURG BEACH | I FL 3370 | 6 | | | 1 |
| US | | | | 3. Date Incorporated or Qualified 12/14/1993 | 3a. Date of Last Report 07/10/1995 | |
| 2. Principal Place of Business | 2a. Mailing Address | | | 4. FEI Number | Applied For | |
| 21 | 26 | | | 59-32 19526 | Not Applicable | - |
| Suite, Apt. #, etc. | Suite, Apt #, etc. | | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | |
| City & State | City & State | | | 6. Election Campaign Financing | \$5.00 May Be | |
| 23 Country | Z ip | L Co. | intry | Trust Fund Contribution | Added to Fees | |
| Zip Country 25 | 29 | 30 | ii tti y | This corporation has kability for the Florida Statutes | intangible tax under s. 199.032; | |
| 9. Name and Address of Current | | [50] | | 10. Name and Address of New Re | · | } |
| PLETCHER, STEPHEN L JR. | | | 81 Name | | | |
| 211 21ST AVENUE | | | 82 Street A | ddress (P.O. Box Number is Not Acceptab | le) | |
| ST. PETERSBURG BEACH FL 33706 | 3 | | 83 | | | 1 |
| | | | 84 City | | 85 Zip Code | - |
| | | | | | FL T | |
| Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State o agent. I am familiar with, and accept the obligat | and 607.1508, Florida Statute of Florida. Such change was a tions of, Section 607.0505, Flo | es, the ab uthorized rida Stati | ove-named c by the corpo ites. | orporation submits this statement for the paration's board of directors. Thereby accept | urpose of changing its registered the appointment as registered | |
| SIGNATURE | | | | | | |
| Signature typed or printed name of registered agent 12. OFFICERS AND | | E Registere | d Agent signature r | equired when reinstating) ADDITIONS/CHANGES TO OFFIC | TERS AND DIRECTORS IN 12 | 6 |
| TITLE D | DELETE | 1.1 (1 | TLE | Applitoria, of vitages in of the | Change Addition | R2E034 (3/96) |
| NAME PLETCHER, STEPHEN L JR. | _ | 1.2 N | AME | | | 8 |
| STREET ADDRESS 211 21ST AVENUE | | 138 | TREET ADDRESS | | | Ö |
| City-St-ZiP ST. PETERSBURG BEACH FL | | | ITY - ST - ZIP | | | 兴 |
| TITLE | DELETE | 2 1 T | i | | Change Addition | ۲ |
| NAME. | | 22 N | | | | |
| STREET ADDRESS CITY-ST-ZIP | | 4 | TREET ADDRESS STY - ST - ZIP | | | |
| TITLE | DELETE | 317 | | | Change Addition | 1 |
| NAME | | 32 N | AME | | | |
| STREET ADDRESS | | 33\$ | TREE1 ADDRESS | | | |
| C(TY-ST-ZIP | Priete | _ | CITY - ST - ZIP | | Change Addition | 1 |
| TITLE | DELETE | 41T 4.28 | | | Ghange Abdresis | |
| NAME STREET ADDRESS | | 1 | THEFT ADDRESS | | | |
| CITY-ST-ZIP | | | ITY-ST-ZiP | | | |
| TITLE | DELETE | 511 | | | Change Addition | |
| NAME | | 521 | AME | | | |
| STREET ADDRESS | | 538 | THEET ADDRESS | | | |
| CHY-ST-7IP | I DELEVE | | ITY - ST - ZIP | | Chares Adde | - |
| TITLE | DELETE | 61 T | | | Change Addition | |
| NAME CYPICAL ADORSES | | 621 | TREET ADDRESS | | | |
| STREET ADDRESS CITY ST. 7IP | | | ITY-SI-ZIP | | | |

■ 6.4 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 1 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: SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-1-96 813-532-8155