

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

1996 8/19/96



FLORIDA DEPARTMENT OF STATE

Sandra B. Morham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P94000050353 (9)

1. Corporation Name

QUICK LOOK INTERNATIONAL INC.



Principal Place of Business

Mailing Address

P.O. BOX 33297  
INDIALANTIC FL 32903

P.O. BOX 33297  
INDIALANTIC FL 32903

2. Principal Place of Business

2a. Mailing Address

21 111 S. Scott

26 P.O. Box 175, Melbourne Bch, FL 32951

Suite, Apt #, etc

Suite, Apt #, etc.

22 City & State

27 City & State

23 Melbourne, FL

28 Melbourne Bch, FL

24 Zip 32901

25 Country USA

29 Zip 32951

30 Country USA

9. Name and Address of Current Registered Agent

GONZALEZ, TINO  
111 S. SCOTT ST.  
MELBOURNE FL 32901

3. Date Incorporated or Qualified

07/06/1994

3a. Date of Last Report

04/18/1995

4. FEI Number

NOT APPLICABLE

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

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

Signature typed or printed name of registered agent and file application

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP  
NAME GOWEN, TONY  
STREET ADDRESS P.O. BOX 33297 (N/A)  
CITY-ST-ZIP INDIALANTIC FL

TITLE DVP  
NAME CLAY, DAVID  
STREET ADDRESS 207 1ST AVENUE  
CITY-ST-ZIP MELBOURNE BEACH FL

TITLE DT  
NAME BADENHOP, NORMAN  
STREET ADDRESS 1309 S. 4TH ST.  
CITY-ST-ZIP WILMINGTON NC

TITLE S  
NAME GONZALEZ, TINA  
STREET ADDRESS 111 S. SCOTT ST.  
CITY-ST-ZIP MELBOURNE FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP  
1.2 NAME Gowen, Tony  
1.3 STREET ADDRESS P.O. Box 175  
1.4 CITY-ST-ZIP Melbourne Bch, FL

2.1 TITLE DVP  
2.2 NAME Russo, Claude  
2.3 STREET ADDRESS 130 Deland Ave.  
2.4 CITY-ST-ZIP #100 Indialantic

3.1 TITLE  
3.2 NAME Freeman, Kent  
3.3 STREET ADDRESS 1808 Oak St.  
3.4 CITY-ST-ZIP Melbourne, FL

4.1 TITLE  
4.2 NAME Gonzalez, TINO  
4.3 STREET ADDRESS 111 S. Scott St.  
4.4 CITY-ST-ZIP Melbourne, FL

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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. 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 changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Anthony J. Gowen

8/2/96 (107)952-3212

CR2E034 (3/96)