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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Saridra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

| DOCUMENT #          | P95000001239 | (9) |
|---------------------|--------------|-----|
| 1. Corporation Name |              | 1-  |

| 1. Corporation Name  LOOKOUT INTERNATIONAL, INC.  Principal Place of Business Mailing Address  1550 SE 17TH ST #5 FT LAUDERDALE FL 33316  Mailing Address  1550 SE 17TH ST #5 FT LAUDERDALE FL 33316   |  |  |  |   |  |                             |  |                                       |
|--|--|--|--|---|--|-----------------------------|--|---------------------------------------|
| TT CHOOLING  | ALL I'L WOIV   | TT CHODENDAGE TE C   | <b>201</b> 0   |   | 3. Date Incorporated or Qualified 01/05/1995                                     | 3a. Date                    | of Last R                              | eport                                 |
| . Principal Pla  | ace of Business  | 2a. Mailing Address  |  |   | 4. FEI Number  |                             |  | Applied For                           |
| 1  |  | 26   |  |   | 65-054611  | <u> </u>                    |  | Not Applicable                        |
| Sute, Apt. ≠<br>∫  | #, <del>0</del> 10.  | Suite, Apt. #, etc   |  |   | 5. Certificate of Status Desired   |                             | ,                                      | Additional<br>Required                |
| City & State   |  | City & State   | <del></del>  | <del></del>   | 6. Election Campaign Financing Trust Fund Contribution                           |                             | \$5.0                                  | O May Be<br>d to Fees                 |
| Zip<br>  <br> }  | Country<br>25  | Z <sub>I</sub> p <b>29</b>   | Coun   | itry  | 8. This corporation has liability for  | r intangible ta             |  | · · · · · · · · · · · · · · · · · · · |
| 1  | 9. Name and Address of Curr  |  |  |   | 10. Name and Address of New  | Registered .                | Agent                                  |                                       |
|  |  |  | [1   | B1 Name   |  |                             |  |                                       |
|  | , rachel h   |  | 1  | 82 Street Add   | fress (P.O. Box Number is Not Accepta  | able)                       |  |                                       |
|  | 17TH ST #5   |  | -  |   |  | <del></del>                 |  |                                       |
| FT LAUD  | DERDALE FL 33316   |  | ['   | B3  |  |                             |  |                                       |
|  |  |  | 1  | 84 City   |  | FL                          | 85 Zı                                  | p Code                                |
| familiar wit   | th, and accept the obligations of, Se  | 502 and 607, 1508, Florida Statu<br>orida. Such change was authori.<br>ection 607,0505, Florida Statute  | tes, the abov<br>zed by the co<br>s  | re-named corpo<br>orporation's boa  | xation submits this statement for the prant of directors. I hereby accept the ap |                             | _                                      | Lagent. Lam                           |
| familiar wit   | th, and accept the obligations of, So<br>Paul Structure, typoto prided hence of experienced ay<br>OFFICERS A                                 | potion 607.0505, Fiorida Statute  Colored Port Port Port Port Port Port Port Port  | S  SOCIAL OFE Registered A   | ent<br>open signarure require   |  | 2-6 -                       | 96<br>DIRECTO                          | PRS IN 12                             |
| familiar wit   | th, and accept the obligations of, So<br>Paul 46.<br>Styrcher, typot or prided hence of each work ay<br>OFFICERS A                           | oction 607.0505, Fiorida Statute  Comm., P.A. grut and title if application. (N  | S<br>O'E Registered A<br>13.<br>1.17II   | ent<br>Open signarure require   | ad when reir stating)  | 2-6 -                       | 96                                     |                                       |
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recommency centry that the information indicated on this annual report or supplemental and does not quality 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 early 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: Parkel & Crom RACHEL H - CROOM 2-6-96 954-522-4546 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayling Proces