05-10-1999 90176 029 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000072217

Principal Place of Business

STREET ADDRESS

CITY-ST-ZIP

LOOK UP REACH OUT ENTERPRISES, INC.

325 JULIA STREET KEY WEST FL 33040		325 JULIA STREET KEY WEST FL 33040			DO NOT WRITE IN THIS SPACE				
						Date Incorporated or Qualifed 08/29/1996			
2. Principal Pl	ace of Business	2a. Mailing Address		4.	FEI Number		Applied For		
21		26			65-0689600		Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5.	Certificate of Status Desired		75 Additional	
22		27						e Required	
City & State		City & State	n '			Election Campaign Financing	1)	.00 May Be	
23		28				Trust Fund Contribution		ded to Fees	
Zip	Country	— — — — —				8. This corporation owes the current year Intangible Personal Property Tax.			
24	25	29 30	<u> </u>			Name and Address of New F			
	9. Name and Address of Current	Registered Agent	81	Name		Name and Address of New Y	registered Agent		
WFF	D. AUWINA		Ľ	14,2111			- .	***	
	CAROLINA STREET		82	Stree	et Address (P.	O. Box Number is Not Accepta	able)		
	WEST FL 33040		83						
,,_,							lasi	Zip Code	
			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 title if applicable (NOTE: Re	egistered Ager	nt signatur	re required when re	einstating)	DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OF			
TITLE	PTD	☐ DELETE	1.1 TITLE				☑ Cha	ange 🔲 Addition	
NAME	SAWYER, NORMA J		1.2 NAME		_				
STREET ADDRESS	2413 STAPLES AVENUE		1.3 STREE	ADDRES	ss 325,	K JULIA STR WEST, PL	851	ì	
CITY-ST-ZIP	KEY WEST FL 33040		1.4 CITY-S	T-ZIP	KEY	WEST, FL	33040		
TITLE	VSD	☐ DELETE	2.1 TITLE				☐ Cha	ange 🔲 Addition	
NAME	MILLER, BRENDA J		2.2 NAME					}	
STREET ADDRESS	750 AVENUE "F"		2.3 STREET	ADDRES	SS			}	
CITY-ST-ZIP	BIG COPPITT KEY FL 33040		2.4 CITY-S	T-ZIP					
TITLE		☐ DELETE	3.1 TITLE		-		☐ Cha	ange	
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREET	ADDRES	SS				
CITY-ST-ZIP			3.4 CITY-S	T-ZIP				Addition	
TITLE		☐ DELETE	4.1 TITLE				☐ Cha	ange 🗌 Addition	
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREE		SS				
CITY-ST-ZIP			4.4 CITY-S	T-ZIP				ange Addition	
TITLE		☐ DELETÉ	5.1 TITLE				☐ Cha	inge ∐ Muulton	
NAME			5.2 NAME		20			ļ	
STREET ADDRESS			5.3 STREE		55				
CITY-ST-ZIP		□ BELETE	5.4 CITY-S 6.1 TITLE	I-ZIP			☐ Cha	ange Addition	
TITLE		☐ DELETE						inge LI Addition	
NAME			6.2 NAME		1			1	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP