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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000075273 (7)

THE ULTIMATE LOOK, INC.

FILED May 01 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 15200 SOUTH U. S. 41 15200 SOUTH U. S. 41 PLYMOUTH CENTER. SUITE 105 PLYMOUTH CENTER, SUITE 105 FORT MYERS FL 33908 FORT MYERS FL 33908 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/28/1997 Applied For 2. Principal Place of Business 2s. Mailing Address 21 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing П 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent RUVOLO, MICHAEL J 81 Name 14391 HAMPTON LAKES COURT 82 Street Address (P.O. Box Number is Not Acceptable) FORT MYERS FL-33912-33908 83 84 City 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, 1 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: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change ___ Addition TITLE 1.1 TITLE RUVOLO, MICHAEL J NAME 1.2 NAME R2E034 14391 HAMPTON LAKES COURT STREET ADDRESS 1.3 STREET ADDRESS FORT MYERS FL 33908 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE ARCHER, RACHEL NAME 2.2 NAME 8080 CYPRESS DRIVE, NORTH STREET ADDRESS 2.3 STREET ADDRESS FORT MYERS FL 33912 CITY-ST-ZIP 2. 4 CITY-ST-ZIP □ DELETE Change Addition TITLE 3 1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-7IP 4.4 City - St - 7(P DELETE TITLE 51 TITLE Change Addition NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-\$1-2IP 5.4 CITY - ST - ZIP DELETE TITLE Change Addition 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST- ZIP

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.