

0366235

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

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # P97000087376

1. Corporation Name
TOTAL LOOK, INC.

Principal Place of Business
12106 67TH ST N
WEST PALM BEACH FL 33412

Mailing Address
12106 67TH ST N
WEST PALM BEACH FL 33412

6901 W Okeechobee Blvd

2. Principal Place of Business
21 Suite D-13
Suite, Apt. #, etc.
22 WPB FL
City & State
23 33411 USA
Zip Country
24 25

2a. Mailing Address
26 Suite, Apt. #, etc.
27 Same
City & State
28 Zip Country
29 30

9. Name and Address of Current Registered Agent

ZAMBORY, JAY
12106 67TH ST N
WEST PALM BEACH FL 33412

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

1. 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: Registered Agent signature required when the following)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PTD
NAME	ZAMBORY, JAY
STREET ADDRESS	12106 67TH ST N
CITY-ST-ZIP	WEST PALM BEACH FL 33412
TITLE	VSD
NAME	ZAMBORY, CANDICE
STREET ADDRESS	12106 67TH ST N
CITY-ST-ZIP	WEST PALM BEACH FL 33412
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	[] Change [] Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	[] Change [] Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	[] Change [] Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	[] Change [] Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	[] Change [] Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

700002829977-7
-04/05/99--01145--017
****150.00 ****150.00

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.

SIGNATURE:  Jay Zambory
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/99 561-471716
Date Daytime Phone #

CR2E034 (11/98)