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 # **P98000076782**1. Corporation Name

OUTLOOK ENGINEERING, INC.

Mar 08, 1999 8:00 am Secretary of State

03-08-1999 90092 016 ***150.00



Suite, Apt. #, etc. Soute, Apt. #, etc. Suite, Ap	Applied For Not Applicable Additional Required May Be to Fees
FORT LAUDERDALE FL 33316 FORT LAUDERDALE FL 33316 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/31/1998 4. FEI Number 5. Certificate of Status Desired Fees City & State City & State City & State City & State 22	Not Applicable Additional Required May Be to Fees
2. Principal Place of Business 2a. Mailing Address 4. FEL Number 65 - 08 63 9 3 0 N Suite, Apt. #, etc. Su	Not Applicable Additional Required May Be to Fees
Suite, Apt. #, etc. Suite	Not Applicable Additional Required May Be to Fees
Suite, Apt. #, etc. Suite, Apt. #, etc.	Additional Required May Be
Secret S	Q May Be
28 Trust Fund Contribution Added	to Fees
9. Name and Address of Current Registered Agent SALZMAN, GARY S 1031 WEST MORSE BOULEVARD SUITE 105 WINTER PARK FL 32789 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 it office or registered agent, or both, in the State of Fiorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as a ragent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. TITLE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. GITY-ST-ZIP 15. STREET ADDRESS 15. STREET ADDR	⊠No
9. Name and Address of Current Registered Agent SALZMAN, GARY S 1031 WEST MORSE BOULEVARD SUITE 105 WINTER PARK FL 32789 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 if 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 ragent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE TILLE D OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECT. TITLE D WOODRUFF, MICHAEL STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33316 14 CITY-ST-ZIP Change Chang	ZSINo
SALZMAN, GARY S 1031 WEST MORSE BOULEVARD SUITE 105 WINTER PARK FL 32789 82 Street Address (P.O. Box Number is Not Acceptable) 83 B4	
SALZMAN, GARY S 1031 WEST MORSE BOULEVARD SUITE 105 WINTER PARK FL 32789 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip 85 Zip 86 City FL 85 Zip 87 88 City FL 85 Zip 88 Zip 88 City FL 85 Zip 88 City FL 80 Zip 88 City FL 8	
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 it 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 ragent. 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 reinstaing) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECT TITLE NAME WOODRUFF, MICHAEL STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33316 14. CITY-ST-ZIP DELETE 2.1 TITLE Change Change Change CHANGES CITY-ST-ZIP Change Change Change Change Change CHANGES CITY-ST-ZIP Change CHANGES CITY-ST-ZIP Change Change Change CHANGES CITY-ST-ZIP Change Change CHANGES CITY-ST-ZIP Change Change CHANGES CITY-ST-ZIP Change Change CHANGES CITY-ST-ZIP Change	
WINTER PARK FL 32789 83 84 City FL 85 Zip 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 it 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 a ragent. 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. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE D WOODRUFF, MICHAEL STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33316 DELETE 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 2.1 TITLE 2.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE AMME STREET ADDRESS CITY-ST-ZIP Change Change CITY-ST-ZIP Change Change CITY-ST-ZIP Change Change CITY-ST-ZIP Change	
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 it 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 a gent. 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 reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECT. TITLE D WOODRUFF, MICHAEL 11. TITLE 12. NAME STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33316 DELETE 1.4 CITY-ST-ZIP TITLE OChange Change	
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 it 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 ragent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECT. TITLE D WOODRUFF, MICHAEL 12 NAME STREET ADDRESS CITY- ST-ZIP FORT LAUDERDALE FL 33316 14 CITY- ST-ZIP DELETE 21 TITLE AMME STREET ADDRESS CITY- ST-ZIP DELETE 22 NAME 23 STREET ADDRESS CITY- ST-ZIP Change Change Change	
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 it 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 a ragent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECT. TITLE D WOODRUFF, MICHAEL SIREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33316 14. CITY-ST-ZIP TITLE DELETE 21. TITLE Change	Code
SIGNATURE SIgnature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECT TITLE NAME WOODRUFF, MICHAEL STREET ADDRESS CITY-ST-ZIP DELETE 1.1 TITLE 1.2 NAME 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP DELETE 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS CITY-ST-ZIP Change Change	
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE D WOODRUFF, MICHAEL STREET ADDRESS CITY- ST- ZIP NAME STREET ADDRESS STREET ADDRESS CITY- ST- ZIP NAME STREET ADDRESS CITY- ST- ZIP Change Change Change	registered
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE NAME WOODRUFF, MICHAEL STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP DELETE 2.1 TITLE 2.2 NAME 2.2 NAME 2.3 STREET ADDRESS CITY-ST-ZIP Change Change	
TITLE	OBS IN 12
NAME WOODRUFF, MICHAEL STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TOTAL DELETE 21 TITLE NAME STREET ADDRESS CITY-ST-ZIP CHAPTER CHAP	
1525 S.E. 15TH STREET #21 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
CITY-ST-ZIP FORT LAUDERDALE FL 33316	
TITLE DELETE 2.1 TITLE Change NAME 22 NAME 2.3 STREET ADDRESS CITY-ST-ZIP Change	
NAME	e
STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP	
CITY-ST-ZIP 2.4 CITY-ST-ZIP	}
Change	1
TITIE DELETE 3.1 TITLE CHARGE	e
annue annue	_
	-
SHEET PROTECTO	ĺ
CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE □ DELETE 4.1 TITLE □ Change	e
	_
	ì
CITY-ST-ZIP 44 CITY-ST-ZIP TITLE □ DELETE 5.1 TITLE □ Change	e Addition
NAME 52 NAME	
STREET ADDRESS 5.3 STREET ADDRESS	
SINCE I ADDRESS	j
CITY-ST-ZIP 3x CIT-ST-ZIP TITLE □ DELETE 6.1 TITLE □ Change	e Addition
NAME 62 NAME	
STREET ADDRESS 6.3 STREET ADDRESS	

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, with all other like empowered.