FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # S89512 (5)

1. Corporation Name
OUTLOOKS, INC.

Principal Place of Business	Mailing Address
P.O. BOX N BRADENTON FL 34206-7019	PO BOX 25207 ATTN DIANE COOK BRADENTON FL 34206-5207 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
10/24/1991	04/20/1994

2. Principal Place of Business	2a. Mailing Address
21	26 P O Box 25207
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27 Attn S M Knopik
City & State 23	City & State 28 Bradenton FL
Zip / Country 24 / 25	Zip / Country 29 34206-5207 / 30 USA

4. FEI Number: 65-0342871 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BEALL, R M II 1806 38TH AVE E BRADENTON FL 34208	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 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 required for printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when new/changed) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DST	11 TITLE	☐ Change ☐ Addition
NAME	BEALL, EGBERT R	12 NAME	
STREET ADDRESS	1806 38TH AVE E	13 STREET ADDRESS	
CITY ST ZIP	BRADENTON FL	14 CITY ST ZIP	
TITLE	T	21 TITLE	☐ Change ☐ Addition
NAME	BEALL, EGBERT R	22 NAME	
STREET ADDRESS	1806 38TH AVE E	23 STREET ADDRESS	
CITY ST ZIP	BRADENTON FL	24 CITY ST ZIP	
TITLE	CP	31 TITLE	☐ Change ☐ Addition
NAME	BEALL R M II	32 NAME	
STREET ADDRESS	1806 38TH AVE E	33 STREET ADDRESS	
CITY ST ZIP	BRADENTON FL	34 CITY ST ZIP	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	KNOPIK, STEPHEN M	42 NAME	
STREET ADDRESS	1806 38TH AVE E	43 STREET ADDRESS	
CITY ST ZIP	BRADENTON FL	44 CITY ST ZIP	
TITLE	V	51 TITLE	☐ Change ☐ Addition
NAME	LAYTON, SETH B	52 NAME	
STREET ADDRESS	1806 38TH AVE E	53 STREET ADDRESS	
CITY ST ZIP	BRADENTON FL	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 the 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: S.M. Knopik 6/6/95 (813)747-2355 x240
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — Date — Daytime Phone #

0454150 FP