

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S89512** (5)

1. Corporation Name
OUTLOOKS, INC.



Principal Place of Business
**P.O. BOX N
BRADENTON FL 34206-7019**

Mailing Address
**PO BOX 25207
ATTN S M KNOPIK
BRADENTON FL 34206
US**

3. Date Incorporated or Qualified
10/24/1991

3a. Date of Last Report
06/14/1995

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

2. Principal Place of Business
21 **1806 38th Avenue East**
Suite, Apt. #, etc.
22 **Bradenton, FL 34208**
City & State
23
Zip **34208** Country **US**
24
25
26
27
28
29
30

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

9. Name and Address of Current Registered Agent
**BEALL, R M II
1806 38TH AVE E
BRADENTON FL 34208**

10. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature expires when terminating)
Signature, typed or printed name of registered agent, and title if applicable _____ DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DST	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BEALL, EGBERT R			1.2 NAME			
STREET ADDRESS	1806 38TH AVE E			1.3 STREET ADDRESS			
CITY - ST - ZIP	BRADENTON FL			1.4 CITY - ST - ZIP			
TITLE	T	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BEALL, EGBERT R			2.2 NAME			
STREET ADDRESS	1806 38TH AVE E			2.3 STREET ADDRESS			
CITY - ST - ZIP	BRADENTON FL			2.4 CITY - ST - ZIP			
TITLE	CP	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BEALL R M II			3.2 NAME			
STREET ADDRESS	1806 38TH AVE E			3.3 STREET ADDRESS			
CITY - ST - ZIP	BRADENTON FL			3.4 CITY - ST - ZIP			
TITLE	V	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	KNOPIK, STEPHEN M			4.2 NAME			
STREET ADDRESS	1806 38TH AVE E			4.3 STREET ADDRESS			
CITY - ST - ZIP	BRADENTON FL			4.4 CITY - ST - ZIP			
TITLE	V	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	LAYTON, SETH B			5.2 NAME			
STREET ADDRESS	1806 38TH AVE E			5.3 STREET ADDRESS			
CITY - ST - ZIP	BRADENTON FL			5.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY - ST - ZIP				6.4 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)(k), 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 changing or on an attachment with an address.

SIGNATURE: **Stephen M. Knopik** 4/18/96 941-747-2355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)