

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

FILED

Feb 03 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S89512

(5)

1. Corporation Name
OUTLOOKS, INC.

Principal Place of Business

1806 38TH AVE EAST
BRADENTON FL 34208
US

Mailing Address

PO BOX 25207
ATTN S M KNOPIK
BRADENTON FL 34206-5207
US3. Date Incorporated or Qualified
10/24/19913a. Date of Last Report
04/24/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22. City & State

23

Zip

Country

24

9. Name and Address of Current Registered Agent

BEALL, R M II
1806 38TH AVE E
BRADENTON FL 34208

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

Zip

Country

30

4. FEI Number

65-0342871

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DST	<input checked="" type="checkbox"/> DELETE
NAME	BEALL, EGBERT R	
STREET ADDRESS	1806 38TH AVE E	
CITY-ST-ZIP	BRADENTON FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	BEALL, EGBERT R	
STREET ADDRESS	1806 38TH AVE E	
CITY-ST-ZIP	BRADENTON FL	
TITLE	CP	<input type="checkbox"/> DELETE
NAME	BEALL R M II	
STREET ADDRESS	1806 38TH AVE E	
CITY-ST-ZIP	BRADENTON FL	
TITLE	KNOPIK, STEPHEN M	<input type="checkbox"/> DELETE
NAME	KNOPIK, STEPHEN M	
STREET ADDRESS	1806 38TH AVE E	
CITY-ST-ZIP	BRADENTON FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LAYTON, SETH B	
STREET ADDRESS	1806 38TH AVE E	
CITY-ST-ZIP	BRADENTON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	Chairman, President, CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	Vice President, Sec., Treas. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)