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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V09108

(4)

GOOD LOOKS, INC.

		FILEI)
Sep	12	1997	8:00am
Se	cre	tary o	of State

SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNA		avati aidit bidit Elait	
STORE 1/4 POMPANO BEACH FL 33080 POMPANO BEACH FL 33080-7371 2. Principal Place of Business 2. A Mailing Address 4. FEI Num Sulfa, Apt. #, etc. 2. Sulfa, Apt. #, etc. 2. City & State 3. Deleting 7-p Country 5. Country 6. Election			
POMPANO BEACH FL 33080 POMPANO BEACH FL 33080-7371 3. Date Inc. 01/27/ 2. Principal Place of Business 2. A Mailing Address 4. FEI Num. 65-03 Sulto, Apt. #, etc. 27 Sulto, Apt. #, etc. 27 City & State 29 City & State 29 Quentry 7/p Country 8. This country 8. This country 8. This country 8. This country 9. Name and Address of Current Registered Agent 9. Name 8. Street Address (P.O. Box 9. Surfice or registered agent, or both, in the State of Florida Such change was authorized by the corporation submit office or registered agent, or both, in the State of Florida Such change was authorized by the corporations board of agent. Lam familiar with. and accept the obligations of, Science OO/CoSe, Florida Statutes (P.O. Box 9. Supplementation of registered agent and the italigne, also possible of the provisions of Science OO/CoSe, florida Statutes (P.O. Box 9. Supplementation of registered agent and the italigne, also possible of the provisions board of 1. Supplementation of registered agent and the italigne, also possible of the provisions of Science OO/CoSe, florida Statutes (P.O. Box 9. Supplementation of registered agent and the italigne, also possible of the provisions of Science OO/CoSe, florida Statutes (P.O. Box 9. Supplementation of registered agent and the italigne, also possible of the provisions of Science OO/CoSe, florida Statutes (P.O. Box 9. Supplementation of registered agent and the italigne, also possible of th			
2. Principial Piace of Business 2. Mailing Address 3. Sulte, Apt. #, etc. 2. Sulte, Apt. #, etc. 2. Sulte, Apt. #, etc. 2. Sulte, Apt. #, etc. 3. Sulte, Apt. #, etc. 4. This is apt. #, etc. 4. This is apt. #, etc. 4. This is apt. #, etc. 4. Sulte, Apt.			
Sulfo, Apt. #, etc. Sulfo, Ap	corporated or Qualified	3a. Date of L 05/01/19	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27 27 5. Certifice			Applied For
City & State Country Zip Country Zip Zip Country Zip Country Zip Country Zip Zip Zip Country Zip Zip Zip Country Zip Zip Zip Zip Zip Zip Zip Zi	311303		Not Applicat
Zip Country 7(p) Country 8. Triss Cor Florida: 9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 9. Name 8. Triss Cor Florida: 9. Name and Address of Current Registered Agent 10. Name 8. Triss Cor Florida: 9. Name and Address of Current Registered Agent 10. Name 8. Triss Cor Florida: 9. Name 10. Name 8. Triss Cor Florida: 9. Name 10. Name 9. Street Address (P.O. Box 10. Name 9. Name 9. Name 10. Name 9. Na	ate of Status Desired		75 Additional se Required
Zip Country Zip Sip Country Zip Sip Country Signature Florida Sip	n Campaign Financing and Contribution		.00 May Be
BRENNERS, STEVEN R. 3200 UNIVERSITY DR. SUITE 208 CORAL SPRINGS FL 33065 1. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submit office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE 1. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submit office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE 2. OFFICE RS AND DIRECTORS III. PT WILLIAMS, THOMAS D. BELETE 1.1 TITLE 1.2 NAME 1.2 NAME 1.4 CITY-S1-2IP III. AME DELETE 1.4 CITY-S1-2IP III. AME 1.5 NAME 1.6 CITY-S1-2IP III. AME 1.6 CITY-S1-2IP III. AME 1.7 ST-2IP III. AME 1.8 Street Address (P.O. Box Stored Address (P	rporation has liability for		
BRENNERS, STEVEN R. 3200 UNIVERSITY DR. SUITE 208 CORAL SPRINGS FL 33065 83 84 Cry 1. Pursuant to the provisions of Sections 607.050/2 and 607.1508, Florida Statutes. the provisions of Sections 607.050/2 and 607.1508, Florida Statutes by the corporation submit office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, speed or present agent and the idaptic state. (NOTE fregistered Agent agricular required when rensating). THE WILLIAMS, THOMAS D. 900 E. ATLANTIC BLVD. POMPANO BEACH FL 1.2 HAME 1.2 HAME 1.3 SIRRET ADDRESS 1.4 CITY-ST-ZIP THE MARE MRETADORESS 1.7 ST-ZIP THE MARE MRETADORESS 1.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP THE MARE MRETADORESS 1.4 CITY-ST-ZIP THE MARE MRETADORESS 1.5 STREET ADDRESS 1.5 STREET A		Yes No	
BOTENINES, 3 SEVEN 1. 3200 UNIVERSITY DR. SUITE 208 CORAL SPRINGS FL 33065 82 Street Address (P.O. Box 83 84 Crty 1. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submit office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of agent. Lam familiar with and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submit office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of agent. Lam familiar with and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submit office or registered agent	and Address of New Re	gistered Agent	
SUITE 208 CORAL SPRINGS FL 33065 83 84 City 1. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submit office or registered agent, or both, in the Statute of Florida Such change was authorized by the corporation's board of agent. I am familiar with, and accept the obligations of, Section 607.0505, fiorida Statutes IGNATURE Signature, typed or pented name of requirement agent and the if applicable (NOTE fregistered Agent & grotuse required when rensating)			
CORAL SPRINGS FL 33065 1. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submit office or registered agent, or both, in the Statute of Florida. Such change was authorized by the corporation's board of agent. Tam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. CIGNATURE Signature, typed or preted name of required agent and the diagnostate PT WILLIAMS, THOMAS D. INCELLE WILLIAMS, THOMAS D. 900 E. ATLANTIC BLVD. POMPANO BEACH FL DELETE AME AME INCELLE DELETE AME INCELLE DELETE ANAME REET ADDRESS ITY-ST-2IP ILE AME REET ADDRESS ITY-ST-2IP ILE AME AND INCELLETE DELETE DELETE STITLE AND ADDITION AND THE ADDRESS ADDITION AND THE ADDRESS ADDITION AND THE ADDRESS ADDITION ADDITION ADDITION ADDITION AND THE ADDRESS ADDITION ADDITION ADDITION ADDITION BELETE AND ADDITION ADDITION ADDITION ADDITION BELETE AND ADDITION BELETE ADDITION BELETE ADDITION A	Number is Not Acceptab	ole)	
The presence of the provisions of Sections 607.0502 and 607 1508, Florida Statistics, the above-named corporation submit office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of a agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. IGNATURE Signature, typed or jumined name of registered agent and trief if applicable. (NOTE fregistered Agent & grature required when re installing). 2. OFFICE RS AND DIRECTORS 13. ADDITION THE PT WILLIAMS, THOMAS D. 1.2 NAME 1.2	· · · · · · · · · · · · · · · · · · ·		
1. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submit office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or pended name of regusered agent and this if application. (NCT)(fregistated Agent agrature required when re-residing). 2. OFFICE RS AND DIRECTORS 13. ADDITION	·		
Agent. I am familiar with, and accept the obligations of, Section 607,0505, Floridia Statutes. Signature Signature, typed or jumined have of repaired agent and this if applicable. (NOTE flegistered Agent a gradure required when reinsating). 2. OFFICE RS AND DIRECTORS 13. ADDITION		FL 85	Zip Code
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. IGNATURE Signature, typed or printed name of registered agent and third applicable. (NOTE Progistered Agent's gradure required when the installing). 2. OFFICE RS AND DIRECTORS 13. ADDITION	ts this statement for the p		ing its register
SIGNATURE Signature, typod or swinted name of regulared agent and this if applicable. (NOTE_flegistericd Agent is grature required when the insaling) 2. OFFICE AS AND DIRECTORS 13. ADDITION THE WILLIAMS, THOMAS D. 12. YAME 12. YAME 13. STREET ADDRESS 14. CITY-ST-ZIP POMPANO BEACH FL THE AME TREET ADDRESS TY-ST-ZIP THE AME TREET ADDRESS TY-ST-ZIP THE AME TREET ADDRESS TY-ST-ZIP THE THE THE THE THE THE THE TH	directors. I hereby accer	pt the appointme	nt as registered
Signature, typed or printed hance of regulated agent and third applicable 2. OFFICERS AND DIRECTORS 13. ADDITION THE AME WILLIAMS, THOMAS D. 11.2 HAME 11.2 HAME 12.2 HAME 13.3 STREET ADDRESS 13. STREET ADDRESS 13. STREET ADDRESS 13. STREET ADDRESS 13. STREET ADDRESS 14. CITY-ST-ZIP TITLE AME 14. CITY-ST-ZIP TITLE AME 15. THEE AME 16. THEE AME 17. ST-ZIP TITLE AME 17. ST-ZIP TITLE AME 18. ADDITION 11.2 HAME 12. ANAME 22. NAME 23. STREET ADDRESS 24. CITY-ST-ZIP TITLE AME 13. ADDITION 14. CITY-ST-ZIP TITLE AME 14. CITY-ST-ZIP TITLE AME 15. THEE AME 16. THEE AME AND THEE AME AME AME AME AME AME AME			
TILE MME WILLIAMS, THOMAS D. REET ADDRESS POM E. ATLANTIC BLVD. TY-ST-ZIP TILE MME MME MME MME MME MME MME MME MME M		DATE	
WILLIAMS, THOMAS D. REET ADDRESS POMPANO BEACH FL 1.2 NAME 1.3 SIREET ADDRESS 1.4 CITY-ST-ZIP THE ME REET ADDRESS TY-ST-ZIP THE ME ME ME ME ME ME ME ME ME	NS/CHANGES TO OFFIC		
REET ADDRESS TY-ST-ZIP POMPANO BEACH FL 1.2 STREET ADDRESS TY-ST-ZIP TILE MME REET ADDRESS TY-ST-ZIP TILE MME TILE TILE TILE TILE TILE TILE TILE TIL		Cha	ange 🔲 Additi
TY-ST-ZIP POMPANO BEACH FL			
DELETE DELETE 2 1 1 1 1 1 1 1 1 1			
AME IREET ADDRESS ITY-ST-ZIP TLE DELETE 3.1 TITLE AME 3.2 NAME 3.3 STREET ADDRESS ITY-ST-ZIP TLE DELETE 3.4 CITY-ST-ZIP TLE MEET ADDRESS 4.0 TIY-ST-ZIP TLE MEET ADDRESS TY-ST-ZIP TLE DELETE 4.1 TITLE AME 4.2 NAME 4.2 NAME 4.3 STREET ADDRESS TY-ST-ZIP TLE DELETE 5.1 TITLE AME TREET ADDRESS TY-ST-ZIP TLE DELETE 5.3 STREET ADDRESS TY-ST-ZIP TLE MEET ADDRESS TY-ST-ZIP TLE DELETE 5.3 STREET ADDRESS TY-ST-ZIP TLE MEET ADDRESS TY-ST-ZIP TLE DELETE 6.1 TITLE MEET ADDRESS TY-ST-ZIP TLE MEET ADDRESS TREET ADDRESS TY-ST-ZIP TLE MEET ADDRESS TREET ADDRESS		Cha	ange
TREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 2.4 CITY-ST-ZIP 3.1 TITLE 3.1 TITLE 3.2 NAME 3.2 NAME 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 3.4 CITY-ST-ZIP 4.1 TITLE 4.1 TITLE 4.2 NAME 4.2 NAME 4.2 NAME 4.2 NAME 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 4.5 TITLE 5.1 TITLE 5.1 TITLE 5.3 STREET ADDRESS 5.3 STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.			
2.4 City-St-Zip			
DELETE DELETE 3.1 TITLE 3.2 NAME 3.2 NAME 3.3 STREET ADDRESS 3.3 STREET ADDRESS 3.4 (CITY - ST - ZIP TITLE DELETE 4.1 TITLE 4.2 NAME 4.2 NAME 4.2 NAME 4.3 STREET ADDRESS 4.4 (CITY - ST - ZIP TITLE DELETE 5.1 TITLE DELETE 5.1 TITLE 5.2 NAME 5.2 NAME 5.2 NAME 5.2 NAME 5.3 STREET ADDRESS 5.3 STREET ADDRESS 5.4 (CITY - ST - ZIP TITLE DELETE 6.1 TITLE DELETE 6.1 TITLE DELETE 6.2 NAME 6.2 NAME 6.3 STREET ADDRESS 6.3 ST			
TREET ADDRESS 3.8 STREET ADDRESS 3.4 CITY - ST - ZIP		☐ Cha	ange 🔲 Addili
TY-ST-ZIP 34.CITY-ST-ZIP 34.CITY-ST-ZIP			
DELETE			
### 4. 2 NAME 4. 3 STREET ADDRESS TY-S1-ZIP ### 4.4 CITY-S1-ZIP TILE ### 5.1 TITLE ### 5.2 NAME 5.2 NAME 5.3 STREET ADDRESS ### 5.3 STREET ADDRESS #### 5.4 CITY-S1-ZIP TILE #### DELETE #### 6.2 NAME #### 6.2 NAME ###################################			
ALE FADDRESS ALA CITY - ST - ZIP		☐ Cha	ange 🗌 Additi
TY-S1-ZIP			
DELETE			
AME		Cha	noo Adda
### ### ### ### #### #### ############		L_ Una	ange L. Additi
TY-ST-ZIP			
TLE DELÉTE 61 TITLE MME 62 NAME FREET ADDRESS 6.3 STREET ADDRESS			
ME 6.2 NAME 6.3 STREET ADDRESS 6.3 STREET ADDRESS		Cha	nge Additi
REET ADDRESS 6.3 STREET ADDRESS			
1			
ITY-ST-ZIP ■ 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 11s information indicated on this annual report or supplemental annual report is true and accurate and that my signature s	9.07(3)(i), Florida Statute	s. I further certify	that the