

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 21 PM 2:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V68391

(4)

1. Corporation Name

TOTAL LOOK OF CAPE HAZE, INC.

Principal Place of Business

**1861 PLACIDA RD
SUITE 104
ENGLEWOOD FL 34223**

Mailing Address

**1861 PLACIDA RD
SUITE 104
ENGLEWOOD FL 34223**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/02/1992

3a. Date of Last Report

10/26/1994

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

65-0360521

Applied For

Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

☒ **XX**

**\$8.75 Additional
Fee Required**

City & State

23

City & State

28

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip

24

Country

25

Zip

29

Country

30

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

9. Name and Address of Current Registered Agent

**ITTERSAGEN, SCOTT D.
BATSEL, MCKINLEY & ITTERSAGEN, P.A.
1861 PLACIDA ROAD, SUITE 104
ENGLEWOOD FL 34223**

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

BEWIS, THERESA

STREET ADDRESS

2418 Riskan Terrace

CITY - ST - ZIP

PORT CHARLOTTE FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

D & Pres.

☒ Change

☐ Addition

1.2 NAME

Carol Ward

1.3 STREET ADDRESS

2418 Riskan Terrace

1.4 CITY - ST - ZIP

Port Charlotte, FL 33981

2.1 TITLE

D & VP, S/T

☒ Change

☐ Addition

2.2 NAME

Ray Ward

2.3 STREET ADDRESS

2418 Riskan Terrace

2.4 CITY - ST - ZIP

Port Charlotte, FL 33981

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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 110.07(3)(b), 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 resolver 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

Carol Ward, President

April 13, 1995

Date

Signature Phone #