

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 24, 1999 8:00 am
Secretary of State

05-24-1999 90004 027 ***150.00

DOCUMENT # F96000002296

1. Corporation Name

GOLDEN REFLECTIONS, INC.



Principal Place of Business

300 UNO LAGO DRIVE
SUITE 101
JUNO BEACH FL 33408
US

Mailing Address

300 UNO LAGO DRIVE
SUITE 101
JUNO BEACH FL 33408
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/06/1996

4. FEI Number

36-4063787

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 owes the current year intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BROWN, DAVID A
300 UNO LAGO DRIVE, SUITE 101
JUNO BEACH FL 33408

10. Name and Address of New Registered Agent

81 Name BROWN, DAVID A.
82 Street Address (P.O. Box Number is Not Acceptable)
34 BALFOUR ROAD WEST
83
84 City PALM BEACH GARDENS FL 85 Zip Code 33418-7091

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

David A. Brown

DAVID A. BROWN, PRESIDENT

4/24/99

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

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE PTD
NAME BROWN, DAVID A
STREET ADDRESS 300 UNO LAGO DRIVE, SUITE 101
CITY-ST-ZIP JUNO BEACH FL 33408

TITLE VSD
NAME BROWN, MARIA
STREET ADDRESS 300 UNO LAGO DRIVE, SUITE 101
CITY-ST-ZIP JUNO BEACH FL 33408

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

☒ Change ☐ Addition

1.1 TITLE PTD
1.2 NAME BROWN, DAVID A.
1.3 STREET ADDRESS 34 BALFOUR ROAD WEST
1.4 CITY-ST-ZIP PALM BEACH GARDENS, FL 33418-7091

2.1 TITLE VSD
2.2 NAME BROWN, MARIA
2.3 STREET ADDRESS 34 BALFOUR ROAD WEST
2.4 CITY-ST-ZIP PALM BEACH GARDENS, FL 33418-7091

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 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, with all other like empowered.

SIGNATURE:

David A. Brown

DAVID A. BROWN, PRESIDENT

4/24/99 561-258-9220

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #

CR2E034 (1/198)