

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
Apr 28, 1999 8:00 am
Secretary of State

04-28-1999 90024 023 ***150.00

DOCUMENT # J53598

1. Corporation Name

SOUTHERN REFLECTIONS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
1092 JUPITER PARK LANE
130
JUPITER FL 33458
US

Mailing Address
1092 JUPITER PARK LANE
130
JUPITER FL 33458
US

3. Date Incorporated or Qualified

01/22/1987

4. FEI Number

59-2758930

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

10. Name and Address of New Registered Agent

2. Principal Place of Business
21 3089 S.E. Dominica Terr
Suite, Apt. #, etc.
22
City & State
23 Stuart, FL
Zip Country
24 34997 25 Martin
26 P.O. Box 149
Suite, Apt. #, etc.
27
City & State
28 Port Salerno FL
Zip Country
29 34992-049 30 Martin

9. Name and Address of Current Registered Agent

GARDNER, H. E., III
1092 JUPITER PARK LANE, SUITE 130
JUPITER FL 33458

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

449 S.E. Verada Avenue

83

84 City

Port St Lucie

FL

85 Zip Code

34983

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

H.E. Gardner, III

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

(NOTE: Registered Agent signature required when reinstating)

4-26-99

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | DELETE |
|-------|---------------------|---------------------|---------------------|-------------------------------------|
| D | GARDNER, H. E., III | 449 SE VERADA AVE | PORT ST. LUCIE FL | <input type="checkbox"/> |
| EVP | OLVERD, DAVID J | 17600 MELLE LN | JUPITER FL | <input checked="" type="checkbox"/> |
| VP | HARTMAN, DAVID B | 4370 BIRDWOOD ST | PALM BCH GARDENS FL | <input checked="" type="checkbox"/> |
| S | GARDNER, CAROLYN A | 449 SE VERDA AVENUE | PORT ST LUCIE FL | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | DELETE | Change | Addition |
|-------|------|----------------|-------------|--------------------------|--------------------------|--------------------------|
| 1.1 | 1.2 | 1.3 | 1.4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.1 | 2.2 | 2.3 | 2.4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.1 | 3.2 | 3.3 | 3.4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.1 | 4.2 | 4.3 | 4.4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.1 | 5.2 | 5.3 | 5.4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.1 | 6.2 | 6.3 | 6.4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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:

H.E. Gardner, III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-99

Date

(561) 343-0033

Daytime Phone #

CR2E034 (11/98)