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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUN		# J75	540	(1)							
CLASSIC REFLECTIONS, INC.											
Principal Place (	of Business	<del></del>		failing Address	<u>-</u>			-			<b>B</b> il Bi <b>b</b> il 11831 1001
1885 BARRI ROCKLEDGI				1885 BARRETT DRIVE ROCKLEDGE FL 3295							
								3. Date Incorporated or Qualified 05/28/1987	<b>3a</b> . Da	ate of Last F 04/25/1	• .
2. Principal Pla	ce of Busine	ss	2a 26	. Mailing Address				4. FEI Number 59-2805443		<b>├</b> ——	Applied For Not Applicable
Suite, Apt. #	, etc.	<del></del>		Suite, Apt. #, etc.				5. Certificate of Status Desired	54	\$8.7	Additional Required
City & State			[27]	City & State				6. Election Campaign Financing	<del></del>	\$5.0	O May Be
Z <sub>I</sub> p		Country	28	Zip	Count	trv		Trust Fund Contribution  8. This corporation has liability for			199 032
1		25	29		30			Florida Statutes	No.		
	g, Name	and Address of Co	urrent Regi	stered Agent		31 Nam	 e	10. Name and Address of New I	Hegistere	o Agent	
THOMA	AS, ROBEI	RT M.				32 Stree	t Addre	ss (P.O. Box Number is Not Accepta	ble)		
882 KINGS POST ROAD								Oress (			
ROCKL	.edge fl	32955				33					
					[ 8	34 City			F	1 85 Z	ip Code
11. Pursuant to	o the provisi	ons of Sections 607.	.0502 and 60	07.1508, Florida Statute	an the chau	e-named	corpora	tion submits this statement for the pu	rrioco of c	changing ite	registered office
or registere familiar with SIGNATURE	ed agent, or h, and accer	both, in the State of ot the obligations of,	Florida. Suc Section 607	ch change was authorize 7.0505, Florida Statutes.	es, the above ed by the co	proration	's board	tion submits this statement for the pu of directors. I hereby accept the app	irpose of continent	changing its as registere	registered office d agent. I am
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SIGNATURE:

Na TUDE AND TYPED OR PRINTED WARE OF SIGNING OFFICER OR DIRECTOR

1/18/96 407-631-2317

CR2E034 (12/9