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CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # K03096 (0)

1. Corporation Name
BEAUTIFUL REFLECTIONS, LTD., INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2045 E BAY DR APT 524 LARGO FL 34641 US	2045 E BAY DR APT 524 LARGO FL 34641 US

3. Date Incorporated or Qualified: 11/18/1987
3a. Date of Last Report: 04/28/1994

2. Principal Place of Business
21: 3814 LYNDHURST DRIVE
Suite, Apt. #, etc. 22: #302
City & State 23: FAIRFAX, VA
Zip 24: 22031 Country 25: FAIRFAX

2a. Mailing Address
26: 3814 LYNDHURST DRIVE
Suite, Apt. #, etc. 27: #302
City & State 28: FAIRFAX, VA
Zip 29: 22031 Country 30: FAIRFAX

4. FEI Number: 59-2862957 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KENT-CHAFFEE, SUSAN
2045 E BAY DR
APT 524
LARGO FL 34641

10. Name and Address of New Registered Agent

81 Name: SHIRLEY A. TYLER
82 Street Address (P.O. Box Number is Not Acceptable): 7601 9TH STREET N. SUITE C
83:
84 City: ST. PETERSBURG FL 85 Zip Code: 33702-5201

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: SHIRLEY A. TYLER (Signature, typed or printed name of registered agent and title if applicable) Shirley A Tyler (DATE: Registered Agent signature required when changing) 4/21/95 DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	D/P ☒ Change ☐ Addition
NAME	KENT-CHAFFEE, SUSAN	12 NAME	KENT-CHAFFEE, SUSAN
STREET ADDRESS	2045 E BAY DR #524	13 STREET ADDRESS	3814 LYNDHURST DRIVE, #302
CITY-ST-ZIP	LARGO FL	14 CITY-ST-ZIP	FAIRFAX, VA. 22-031
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 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.

SIGNATURE: Susan Kent-Chaffee SUSAN KENT-CHAFFEE 4/24/95 703-425-2241
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0480427 FP