

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # K03096 (0)**

1. Corporation Name

**BEAUTIFUL REFLECTIONS, LTD., INC.**



Principal Place of Business

Mailing Address

3814 LYNHURST DRIVE  
#302  
FAIRFAX VA 22031  
US

3814 LYNHURST DRIVE  
#302  
FAIRFAX VA 22031  
US

3. Date Incorporated or Qualified

11/18/1987

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 **3790 LYNHURST DRIVE**

26 **3790 LYNHURST DRIVE**

4. FEI Number

59-2862957

Applied For

Not Applicable

Suite, Apt. #, etc.

22 **#103**

Suite, Apt. #, etc.

27 **#103**

5. Certificate of Status Desired



**\$8.75 Additional Fee Required**

City & State

23 **FAIRFAX, VA**

City & State

28 **FAIRFAX, VA**

6. Election Campaign Financing Trust Fund Contribution



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

Zip

24 **22031**

Country

25 **US**

Zip

29 **22031**

Country

30 **US**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes



Yes ☒ No ☐

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TYLER, SHIRLEY A.  
7601 9TH ST. NORTH  
SUITE C  
ST. PETERSBURG FL 33702-5200**

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 or officer or director

(NOTE: Registered Agent Signature required when not stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **DP KENT-CHAFFEE, SUSAN**  
STREET ADDRESS **3814 LYNHURST DRIVE**  
CITY-ST-ZIP **FAIRFAX VA 22031**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME **DP KENT-CHAFFEE, SUSAN**  
1.3 STREET ADDRESS **3790 LYNHURST DRIVE #103**  
1.4 CITY-ST-ZIP **FAIRFAX, VA 22031**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
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 119.07(3)(k), 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, President*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**SUSAN KENT-CHAFFEE**

**4/15/96**  
DATE

**703-425-3760**  
Daytime Phone #

CR2E034 (12/95)