SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

FILED
96 SEP 26 AM 11:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L51158** **(8)**

1. Corporation Name
SHARP REFLECTIONS, INC.

Principal Place of Business
% TOM PAPACHRISTOU
WINDWARD WAY #5461
NEW PORT RICHEY FL 34652-3087

Mailing Address
% TOM PAPACHRISTOU
WINDWARD WAY #5461
NEW PORT RICHEY FL 34652-3087

3. Date Incorporated or Qualified: 02/14/1990
3a. Date of Last Report: 03/20/1995

2. Principal Place of Business
21 c/o Omni Holding & Development
22 Suite, Apt. #, etc.: 1000 Omni Road
23 City & State: Marion, AR
24 Zip: 72364
25 Country: USA

2a. Mailing Address
26 Omni Holding & Development
27 Suite, Apt. #, etc.: 1000 Omni Road
28 City & State: Marion, AR
29 Zip: 72364
30 Country: USA

4. FEI Number: APPLIED FOR 59-3396846 — 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
PAPACHRISTOU, TOM
WINDWARD WAY 5461
NEW PORT RICHEY FL 34652

10. Name and Address of New Registered Agent
81 Name: Papachristou, Chris
82 Street Address (P.O. Box Number is Not Acceptable): 5461 Windward Way
83 ~~New Port Richey~~
84 City: New Port Richey FL 85 Zip Code: 34652

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: Chris Papachristou
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D ☒ DELETE
NAME	PAPACHRISTOU, TOM
STREET ADDRESS	11 WINDWARD WAY
CITY-ST-ZIP	NEW PORT RICHEY FL
TITLE	President/Director ☐ DELETE
NAME	Herren, Bob
STREET ADDRESS	9513 Balsa
CITY-ST-ZIP	Shreveport, LA 71115
TITLE	Secretary/Treasurer/Director/Vice President ☐ DELETE
NAME	Crockett, Kim
STREET ADDRESS	29 Cypress Creek Rd
CITY-ST-ZIP	Marion, AR 72364
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	400001575344
1.3 STREET ADDRESS	961596-0121V-016
1.4 CITY-ST-ZIP	***225.00 ***225.00
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	10-11-96
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 6-18-96
Daytime Phone #: 501-739-4580

012006 CP