

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
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90145 014 ***158.75

DOCUMENT # L53047

1. Corporation Name

RARE REFLECTIONS OF SOUTH FLORIDA, INC.

Principal Place of Business

1900 NW 33RD CT.
BAY T
POMPANO BEACH FL 33064

Mailing Address

1900 NW 33RD CT.
BAY T
POMPANO BEACH FL 33064

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/26/1990

4. FEI Number

65-0160495

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

9. Name and Address of Current Registered Agent

MAGEE, ROBERT W.
2721 S.W. 16TH COURT
FT. LAUDERDALE FL 33312

10. Name and Address of New Registered Agent

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

Robert W. Magee PRES

Robert W. Magee

DATE

3/12/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

D
MAGEE, ROBERT W.
1900 NW 33RD CT. BAY 5
POMPANO BEACH FL

TITLE ☐ DELETE

V
MAGEE, ROBIN
2721 S.W. 16TH CT.
FORT LAUDERDALE FL

TITLE ☐ DELETE

S
SWORD, ROBERT
6710 S.W. 16TH COURT
POMPANO BEACH FL

TITLE ☐ DELETE

M
LAZORE, GARY
5464 NE 5TH AVENUE
FT. LAUDERDALE FL

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

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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 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:

Robert W. Magee

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954
973-8687

CR2E034 (11/98)