FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

FILED May 11 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (9)L90951 REFLECTIONS OF BOYNTON, INC. Principal Place of Business Mailing Address 1893 S.W. 15TH AVE 1893 S.W. 15TH AVENUE BOYNTON BEACH FL 33426-6321 BOYNTON BEACH FL 33426-6321 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/30/1990 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 65-0211982 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional \Box 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 8. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name THIBAULT, BARBARA JEAN 1893 SW 15TH AVE 82 Street Address (P.O. Box Number is Not Acceptable) **BOYNTON BEACH FL 33435 B3** 84 City Zip Code 85 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 and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Addition TITLE 1.1 TITLE Change THIBAULT, BARBARA JEAN HALE 1.2 NAME 2540 SW 14 CT #39 STREET ADDRESS 1.3 STREET ADDRESS **BOYNTON BEACH FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP Change DELETE ☐ Addition TITLE 2.1 TITLE THOMAS, RICHARD NAME 2.2 NAME 2540 SW 14 CT. #39 STREET ADDRESS 2.3 STREET ADDRESS **BOYNTON BEACH FL** CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Channe Addition TITLE 3.1 TITLE NAME 3 2 NAME STREET ADORESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition TITLE 4.1 TITLE Change NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TOTALE 5.1 TITLE NAME 5.2 NAME STREET ADORESS 5.3 STREET ADDRESS

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. Richard Thomas Secretary

5.4 City - ST - ZiP

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

Change

■ Addition

DELETE