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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 25 1997 8:00am Secretary of State

DOCUMENT # M89/89 (5) REFLECT-A-LIGHT, INC.							
					3. Date Incorporated or Qualified 07/15/1988	3a. Date of 04/29/19	
2. Principal	Place of Business	2a. Mailing Address			4. FEI Number	<u> </u>	Applied For
Suite, Apt	1 #, etc	Suite, Apt. #, etc.			59-3006064 Not Applicat		
2	· · · · · · · · · · · · · · · · · · ·	27			5. Certificate of Status Desired		Fee Required
Orty & Str 3	ate	City & State			Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees
7(p)	Country 25	Zip	Country 30	<i>,,</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	8. This corporation has liability for		nder s. 199.032,
11	9. Name and Address of Curre		[30]	_ 1	10. Name and Address of New R		
	intley, William T.		81	Name			
	1 BOX 826		82	Street Add	ress (P.O. Box Number is Not Accepte	ıble)	#
EA	ST PALATKA FL 32131		83				/
			84	City			Zip Code
				City		FL 85	2.ip C008
SIGNATURE 12.	Southful typed in providing the fregistered a	gent and bite it appricable (NC ND DIRECTORS DELETE	13.	ent signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFF		ECTORS IN 12
AMI	HUNTLEY, WILLIAM T.		1.2 NAME				
RELITADORESS	RT 1 BOX 826 PALATKA FL			T ADDRESS			
r-S*-Z#	T	DELETE	1.4 CITY~: 2.1 TITLE	51-219	, 113 E		hange Additi
CRAIN, JOHN T			2.2 NAME				
2944 FRUITWOOD LANE JACKSONVILLE FL			2.3 STREET ADDRESS				
y - \$1 - 70° LE	JAUNSUNVILLE FL	DELETE	2.4 CITY-ST-ZIP 3.1 TITLE			Пс	hange Addition
MI.		_	32 NAME]		:	
reti a doress	3		3 3 STREE	r address			
y - \$1 - 26		DELETE	3.4. CITY -	ST-ZIP	-,	□ c	hange Addition
N.E. SMÉ			4.1 TITLE 4.2 NAME			ں لیبا	Heride [11] Volue
REF: ADDRESS	; j			I ADDRESS			
Y SI-7IP			4.4 CITY-1	ST - ZIP		·····	
LF		DELETE	5,1 TITLE			LJ 0	Change Additi
Mí na Labourou			5.2 NAME	***************************************			
REET ACIONESS LY IST-Z22	,		5.4 City -:	T ADDRESS ST-ZIP			
II SI ZE		DELETE	6.1 TITLE	V1 - E-1		Пс	change
ME			6.2 NAME				
FEL: ACORESS	î -		6.3 STREE	T ADDRESS			
r - ST - 210	1		6.4 CHY-		d in Caption 140 07(0)() Florida Ctatur	les I freshou oosti	

Loo 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 Lam 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:

4/18/97 (904) 329-4062