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
Division of Corporations
Tallahassee, Florida

N95000003387

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 SEP 16 PM 12:00

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-10/02/96--01023--023
****225.00 ****225.00

B/C 9/26/96

DOCUMENT # N95000003387

1. Corporation Name

REFLECTIONS "N" GLASS CORVETTES, INC.

Principal Place of Business	Mailing Address
2385 Fallon Blvd N.E. Palm Bay, FL 32907	PO Box 500641 Malabar, FL 32950-0641

3. Date Incorporated or Qualified: 7/17/95
3a. Date of Last Report: N/A

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt #, etc — 22:
Suite, Apt #, etc — 27:
City & State — 23:
City & State — 28:
Zip — 24:
Country — 25:
Zip — 29:
Country — 30:

4. FEI Number: 59-3217649 ☐ 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

Paul Ciolli
2385 Fallon Blvd N.E.
Palm Bay, Fl 32907

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 _____ (NOTE: Registered Agent's signature required when necessary.) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	11 TITLE	D,P	☒ Change ☐ Addition
NAME	Paul Ciolli		12 NAME	Paul Ciolli	
STREET ADDRESS	2385 Fallon Blvd N.E.		13 STREET ADDRESS	2385 Fallon Blvd N.E.	
CITY-ST-ZIP	Palm Bay, FL 32907		14 CITY-ST-ZIP	Palm Bay, FL 32907	
TITLE	D	☒ DELETE	21 TITLE	D,V	☐ Change ☒ Addition
NAME	Robert Silipigni		22 NAME	David Lowman	
STREET ADDRESS	155 Valkaria Rd.		23 STREET ADDRESS	PO Box 361641	
CITY-ST-ZIP	Malabar, FL 32950		24 CITY-ST-ZIP	Melbourne, FL 32936	
TITLE	D	☒ DELETE	31 TITLE	D,T	☐ Change ☒ Addition
NAME	Rita Coffman		32 NAME	Art Converse	
STREET ADDRESS	300 Harwood Ave.		33 STREET ADDRESS	1565 Flag Dr N.E.	
CITY-ST-ZIP	Satellite Beach, FL 32937		34 CITY-ST-ZIP	Palm Bay, FL 32905	
TITLE	D	☒ DELETE	41 TITLE	D,S	☐ Change ☒ Addition
NAME	Debbie Schmitt		42 NAME	Mary Jane McGowan	
STREET ADDRESS	1898 Eugenia Ct N.W.		43 STREET ADDRESS	642 Hyannie St. N.E.	
CITY-ST-ZIP	Palm Bay, FL 32907		44 CITY-ST-ZIP	Palm Bay, FL 32907	
TITLE	D	☒ DELETE	51 TITLE	D, Officer at Large	☐ Change ☒ Addition
NAME	Debbie Gaffney		52 NAME	Terry Davis	
STREET ADDRESS	1163 Cordova St. S.E.		53 STREET ADDRESS	5041 Martin Ln	
CITY-ST-ZIP	Palm Bay, FL 32909		54 CITY-ST-ZIP	West Melbourne, Fl 32904	
TITLE	D	☒ DELETE	61 TITLE	D, Competition Director	☐ Change ☒ Addition
NAME	Art Converse		62 NAME	Marty Alazraki	
STREET ADDRESS	1565 Flag Dr N.E.		63 STREET ADDRESS	521 Fern Ave N.E.	
CITY-ST-ZIP	Palm Bay, FL 32905		64 CITY-ST-ZIP	Palm Bay FL 32907	

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

SIGNATURE: Paul Ciolli — Paul Ciolli — 407 768-1399 — 9/11/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #