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FILED

Mar 10 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # N95000003387 (6)**

1. Corporation Name

REFLECTIONS "N" GLASS CORVETTES, INC.

Principal Place of Business

**2385 FALLON BLVD NE
PALM BAY FL 32907**

Mailing Address

**P O BOX 500641
MALABAR FL 32950-0641**

3. Date Incorporated or Qualified

07/17/1995

3a. Date of Last Report

09/16/1996

2. Principal Place of Business

21 642 Hyannie St. N.E.

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22 City & State
23 Palm Bay, FL****27 City & State
28**

Zip

24 32907

Country

25 Brevard

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

**CIOLLI, PAUL
2385 FALLON BLVD NE
PALM BAY FL 32907**

10. Name and Address of New Registered Agent

81 Name

George McGowan

82 Street Address (P.O. Box Number is Not Acceptable)

642 Hyannie St. N.E.

83

84 City

Palm Bay,**FL**

85 Zip Code

32907

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

*George McGowan***George McGowan, PD****2/5/97**

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 **PD** ☒ DELETE
NAME **CIOLLI, PAUL**
STREET ADDRESS **2385 FALLON BLVD NE**
CITY-ST-ZIP **PALM BAY FL 32907**TITLE **VD** ☒ DELETE
NAME **LOMAN, DAVID**
STREET ADDRESS **P.O. BOX 31641 N/A**
CITY-ST-ZIP **MELBOURNE FL 32936**TITLE **TD** ☐ DELETE
NAME **CONVERSE, ART**
STREET ADDRESS **1565 FLAG DRIVE N.E.**
CITY-ST-ZIP **PALM BAY FL 32905**TITLE **SD** ☒ DELETE
NAME **MCGOWAN, MARY JANE**
STREET ADDRESS **642 HYANNIE ST., N.E.**
CITY-ST-ZIP **PALM BAY FL 32907**TITLE **D** ☒ DELETE
NAME **DAVIS, TERRY**
STREET ADDRESS **5041 MARTIN LANE**
CITY-ST-ZIP **WEST MELBOURNE FL 32904**TITLE **D** ☒ DELETE
NAME **ALAZRAKI, MARTY**
STREET ADDRESS **521 FERN AVE N.E.**
CITY-ST-ZIP **PALM BAY FL 32907**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☐ Change ☒ Addition
1.2 NAME **McGowan, George**
1.3 STREET ADDRESS **642 Hyannie St. N.E.**
1.4 CITY-ST-ZIP **Palm Bay, FL 32907**2.1 TITLE **VD** ☐ Change ☒ Addition
2.2 NAME **Alazraki, Marty**
2.3 STREET ADDRESS **521 Fern Ave N.E.**
2.4 CITY-ST-ZIP **Palm Bay, FL 32907**3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP4.1 TITLE **SD** ☐ Change ☒ Addition
4.2 NAME **Joey McConnell**
4.3 STREET ADDRESS **1213 Thallur Ln N.W.**
4.4 CITY-ST-ZIP **Palm Bay, FL 32907**5.1 TITLE **D, Officer at Large** ☐ Change ☒ Addition
5.2 NAME **Debbie Gaffney**
5.3 STREET ADDRESS **1163 Cordova St. S.E.**
5.4 CITY-ST-ZIP **Palm Bay, FL 32909**6.1 TITLE **D, Competition Director** ☐ Change ☒ Addition
6.2 NAME **Robert W. Goldsmith**
6.3 STREET ADDRESS **180 Salmon Dr. N.E.**
6.4 CITY-ST-ZIP **Palm Bay, FL 32907**

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

SIGNATURE:

*George McGowan***George McGowan****2/5/97****407-768-0099**

CR2E037 (9/96)