03021999-90037-014-$61.25-$61.25

FILED
Mar 02, 1999 8:00 am
Secretary of State
03-02-1999 90037 014 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000003387

1. Corporation Name
REFLECTIONS "N" GLASS CORVETTES, INC.

Principal Place of Business	Mailing Address
1213 THALLAR LANE NW PALM BAY FL 32907 US	P O BOX 500641 MALABAR FL 32950-0641

2. Principal Place of Business 21 3607 Eagle Nest Ct.	2a. Mailing Address 26	3. Date Incorporated or Qualified 07/17/1995
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3217649 ☐ Applied For ☐ Not Applicable
City & State 23 W. Melbourne, FL	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 32904 25 USA	Zip / Country 29 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

VINES, JIM
1213 THALLAR LANE NW
PALM BAY FL 32905

10. Name and Address of New Registered Agent

81 Name: Velez, Lou
82 Street Address (P.O. Box Number Is Not Acceptable): 3607 Eagle Nest Ct.
83
84 City: West Melbourne FL 85 Zip Code: 32904

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 _____ DATE 3/24/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PD	☐ Change ☐ Addition
NAME	VINES, JIM		1.2 NAME	Velez, Lou	
STREET ADDRESS	1213 THALLAR LN NBW		1.3 STREET ADDRESS	3607 Eagle Nest Ct.	
CITY-ST-ZIP	PALM BAY FL 32907		1.4 CITY-ST-ZIP	W. Melbourne, FL 32904	
TITLE	VD	☒ DELETE	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	WEAVER, HAL		2.2 NAME	George McGowan	
STREET ADDRESS	243 AWIN CR SE		2.3 STREET ADDRESS	642 Hyannie St. NE	
CITY-ST-ZIP	PALM BAY FL 32908		2.4 CITY-ST-ZIP	Palm Bay, FL 32907	
TITLE	TD	☐ DELETE	3.1 TITLE	TD	☐ Change ☐ Addition
NAME	AYDINEL, ZAFER		3.2 NAME	Marty Alazraki	
STREET ADDRESS	2570 OKLAHOMA ST		3.3 STREET ADDRESS	426 Delmonico St NE	
CITY-ST-ZIP	W MELBORUNE FL 32904		3.4 CITY-ST-ZIP	Palm Bay, FL 32907	
TITLE	SD	☒ DELETE	4.1 TITLE	SD	☐ Change ☐ Addition
NAME	MCCONNELL, JOEY		4.2 NAME	Marilynn Alazraki	
STREET ADDRESS	1213 THALLUR LANE NW		4.3 STREET ADDRESS	426 Delmonico St NE	
CITY-ST-ZIP	PALM BAY FL		4.4 CITY-ST-ZIP	Palm Bay, FL 32907	
TITLE	D	☒ DELETE	5.1 TITLE	D	☒ Change ☐ Addition
NAME	VELEZ, LOU		5.2 NAME	Art Converse	
STREET ADDRESS	3607 EAGLE NEST CT		5.3 STREET ADDRESS	1565 Flag Drive NE	
CITY-ST-ZIP	W MELBOURNE FL 32904		5.4 CITY-ST-ZIP	Palm Bay, FL 32905	
TITLE	D	☒ DELETE	6.1 TITLE	D	☒ Change ☐ Addition
NAME	CONTRI, ROGER		6.2 NAME	Dave Dalrymple	
STREET ADDRESS	3770 CORREY RD		6.3 STREET ADDRESS	1089 Egret Lake Way	
CITY-ST-ZIP	MELBOURNE FL 32956		6.4 CITY-ST-ZIP	Melbourne, FL 32940	

CR2E037 (11/98)

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 617, 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: Marty Alazraki REQUIRED 2/3/99 407-729-7456
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #