FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

ANNUAL REPORT
1995

APPROVED AND FILED
95 MAR -1 PM 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000014391 (5)

1. Corporate Name
ORIOLE REFLECTIONS, INC.

Principal Place of Business	Mailing Address
1690 S CONGRESS AVE SUITE 200 DELRAY BEACH FL 33445	1690 S CONGRESS AVE SUITE 200 DELRAY BEACH FL 33445

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/25/1993
3a. Date of Last Report: 03/01/1994

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

4. FEI Number: 65-0396547 ☐ 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 XX No Affiliated

9. Name and Address of Current Registered Agent

LEVY, RICHARD D
1690 S CONGRESS AVE
SUITE 200
DELRAY BEACH FL 33445

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: (Required when filing) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: PD NAME: LEVY, MARK STREET ADDRESS: 1690 S CONGRESS AVE., STE 200 CITY-ST-ZIP: DELRAY BEACH FL	11 TITLE ☐ Change ☐ Addition 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP
TITLE: CD NAME: LEVY, RICHARD D STREET ADDRESS: 1690 S CONGRESS AVE, STE 200 CITY-ST-ZIP: DELRAY BCH FL	21 TITLE ☐ Change ☐ Addition 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP
TITLE: VTD NAME: NUNEZ, ANTONIO STREET ADDRESS: 1690 S CONGRESS AVE, STE 200 CITY-ST-ZIP: DELRAY BCH FL	31 TITLE ☐ Change ☐ Addition 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP
TITLE: VD NAME: HUBSHMAN, E E STREET ADDRESS: 1690 S CONGRESS AVE, STE 200 CITY-ST-ZIP: DELRAY BCH FL	41 TITLE ☐ Change ☐ Addition 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP
TITLE: SD NAME: LEVY, HARRY A STREET ADDRESS: 1690 S CONGRESS AVE, STE 200 CITY-ST-ZIP: DELRAY BCH FL	51 TITLE ☐ Change ☐ Addition 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	61 TITLE ☐ Change ☐ Addition 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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 above with an address.

SIGNATURE: A. Nunez, Sr. Vice President 2/22/95 (407) 274-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Date — Daytime Phone #

0267062 CP