## 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

## DOCUMENT # 1. Corporation Name P93000055914 (4)

A PERFECT REFLECTION, INC.

ŀ	Principa: Place of Business
ļ	2117 DARLINGTON OAK DRIVE SEFFNER FL 33584

Mailing Address

## **FILED** Mar 06 1997 8:00am Secretary of State



SEFFNER FL	IGTON OAK DRIVE 33584		2117 DARLINGTON OF SEFFNER FL 33584-54							
							3. Date Incorporated or Qualified 08/09/1993		e of Las )5/199	st Report
2. Principal	Place of Business		2a. Mailing Address				4. FEt Number			Applied For
21			26			·	59-3196564	· · · · · · · · · · · · · · · · · · ·	<del></del>	Not Applicable
Suite, Apt	t #, etc		Suite, Apt. #, etc.				5. Certificate of Status Desired			5 Additional Required
City & Sta 23	ate		City & State 28				6. Election Campaign Financing Trust Fund Contribution			00 May Be ed to Fees
7(p <b>24</b>	Countr <b>25</b>	ſΥ	<i>Z</i> ip <b>29</b>	30	Country		8. This corporation has liability for in Florida Statutes	intangible t Yes		er s. 199.032,
, <u></u>	9. Name and Addre	ess of Current R	egistered Agent		1		10. Name and Address of New Re	gistered A	gent	
GC	DODSON, THOMAS				81	Name				,
21	17 DARLINGTON OAK FFNER FL 33584	DRIVE			82	Street Add	dress (P.O. Box Number is Not Acceptate	ole)		
-	,				83					
					84	City	***************************************	FL	<b>85</b> Z	ip Code
11. Pursuan	nt to the provisions of Sec	tions 607.0502 a	ind 607 1508, Florida St	atutes, the	above	-named co	rporation submits this statement for the p		JL changin	a its registered
office or agent. I	registered agent, or bott am familiar with, and acc	h, in the State of cept the obligation	Florida. Such charige wons of, Section 607.0505	/as authori 5, Florida S	ized by Statutes	the corpora	rporation submits this statement for the pation's board of directors. I hereby accept	of the appo	ointment	as registered
SIGNATURE	Signature typical or printed name	e of reachboard aneal a	nd title if sont-cable	(NOTE Benist	torad Ane	or signature rec	uired when reinstating)	DATE		
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information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall I am an officer or director of the corporation or the receiver or trustee empowered to execute this report appears in Block 12 or Block 13 if changed, or on an attachment with an address.