FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 5:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****200.00 ****200.00

DOCUMENT # P94000027462

1. Corporation Name

Five Mirrors, Inc.

Principal Place of Business	Mailing Address
5943 SW 1ST Ave Cape Coral, FL 33914	

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified | 3a. Date of Last Report

2. Principal Place of Business 21 8000 W. Sample Rd	2a. Mailing Address 26	4. FEI Number 65-0483211 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City, State 23 Margate, FL	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip / Country 24 33065 25	Zip / Country 29 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Kathleen Odierna 5943 SW 1st Ave Cape Coral, FL 33914	01 Name: Kathleen Odierna 02 Street Address (P.O. Box Number is Not Acceptable): 8000 W. Sample Rd 03 04 City: Margate FL 05 Zip Code: 33065

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: Kathleen Odierna — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	PD	11 TITLE	☑ Change ☐ Addition
12 NAME	Kathleen Odierna	12 NAME	
13 STREET ADDRESS	5943 SW 1st Ave	13 STREET ADDRESS	8000 W Sample Rd
14 CITY ST ZIP	Cape Coral, FL 33914	14 CITY ST ZIP	Margate, FL 33065
21 TITLE	SD	21 TITLE	☑ Change ☐ Addition
22 NAME	Jani Odierna	22 NAME	
23 STREET ADDRESS	5943 SW 1st Ave	23 STREET ADDRESS	8000 W Sample Rd
24 CITY ST ZIP	Cape Coral, FL 33914	24 CITY ST ZIP	Margate, FL 33065
31 TITLE		31 TITLE	☐ Change ☐ Addition
32 NAME		32 NAME	
33 STREET ADDRESS		33 STREET ADDRESS	
34 CITY ST ZIP		34 CITY ST ZIP	
41 TITLE		41 TITLE	☐ Change ☐ Addition
42 NAME		42 NAME	
43 STREET ADDRESS		43 STREET ADDRESS	
44 CITY ST ZIP		44 CITY ST ZIP	
51 TITLE		51 TITLE	☐ Change ☐ Addition
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY ST ZIP		54 CITY ST ZIP	
61 TITLE		61 TITLE	☐ Change ☐ Addition
62 NAME		62 NAME	$8.75
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY ST ZIP		64 CITY ST ZIP	

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

SIGNATURE: Kathleen Odierna
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Electronic Signature