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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 20 AM 10:43

DOCUMENT # P94000038589 (5)

1. Corporation Name
REFLECTED IMPRESSIONS, INC.

Principal Place of Business	Mailing Address
3784 PROGRESS AVE. NAPLES FL 33942	3784 PROGRESS AVE. NAPLES FL 33942

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/23/1994
3a. Date of Last Report:

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

4. FEI Number: 65-0492107 ☐ 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

NATIONSCORP REGISTERED AGENTS, INC.
SUITE 200
526 E. PARK AVE.
TALLAHASSEE FL 32301

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: (Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		11 TITLE: P 12 NAME: Andre Kepka 13 STREET ADDRESS: 9179 Pinnacle ct. 14 CITY-ST-ZIP: Naples, FL 33962	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		21 TITLE: V 22 NAME: Carolyn Kepka 23 STREET ADDRESS: 9179 Pinnacle ct 24 CITY-ST-ZIP: Naples, FL 33962	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		31 TITLE: T 32 NAME: Carolyn Kepka 33 STREET ADDRESS: 9179 Pinnacle ct 34 CITY-ST-ZIP: Naples, FL 33962	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		41 TITLE: S 42 NAME: Carolyn Kepka 43 STREET ADDRESS: 9179 Pinnacle ct 44 CITY-ST-ZIP: Naples, FL 33962	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		51 TITLE: 52 NAME: 53 STREET ADDRESS: 54 CITY-ST-ZIP:	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		61 TITLE: 62 NAME: 63 STREET ADDRESS: 64 CITY-ST-ZIP:	☐ Change ☐ Addition

14. I/We hereby certify that the information supplied with this filing is validly 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 and be 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: Carolyn Kepka CAROLYN KEPKA 2-14-95 413 643 1464
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR OFFICER OR DIRECTOR — DATE — Daytime Phone #

032A010 CP