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Jan 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000084888 (4)

1. Corporation Name
REFLEX TRADING CORPORATION

Principal Place of Business
11301 N.W. 12TH STREET
PLANTATION FL 33323

Mailing Address
11301 N.W. 12TH STREET
PLANTATION FL 33323-2405



3. Date Incorporated or Qualified
11/17/1994
3a. Date of Last Report
01/30/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
65-0539314

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DOLAMORE, PHILLIP R
2050 E. OAKLAND PARK BOULEVARD
SUITE 209
FORT LAUDERDALE FL 33306

81 Name Dolamore, Phillip R.
82 Street Address (P.O. Box Number is Not Acceptable)
11301 NW 12 St.
83 Plantation.
84 City
85 Zip Code
FL 33323

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

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 S
NAME DOLAMORE, PHILLIP R
STREET ADDRESS 2050 E. OAKLAND PARK BLVD., SUITE 209
CITY-ST-ZIP FORT LAUDERDALE FL

1.1 TITLE S
1.2 NAME Dolamore, Phillip R.
1.3 STREET ADDRESS 11301 NW 12 St
1.4 CITY-ST-ZIP Plantation FL 33323
Change ☒ Addition ☐

TITLE I
NAME JO DOLAMORE, DR KAREN
STREET ADDRESS 11301 NW 12TH ST
CITY-ST-ZIP PLANTATION FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
Change ☐ Addition ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
Change ☐ Addition ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
Change ☐ Addition ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
Change ☐ Addition ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
Change ☐ Addition ☐

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment to this report.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/97 954 832 9100

Date

Day and Phone #

0282333

CR2E034 (9/96)