FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

P95000014319 (4)

DOCUMENT #

1. Corporation Name

NATURE'S REFLECTIONS, INC.

Principal Place of Business	Mailing Address
2275 RINCKINGHAM TR	3975 RUCKINGHAM TR



VERO BEACH FL 32960		VERO BEACH FL 329	VERO BEACH FL 32960				
					3. Date Incorporated or Qualified 02/20/1995	3a. Date of Last	Report
2. Principal Pla	ice of Business	2a. Mailing Address			4. FEI Number		Applied For
1		26				x	Not Applicable
Suite, Apt. #	*, el C.	Suite, Apt. #, etc.			5. Certificate of Status Desired		75 Additional e Required
City & State		City & State:			Election Campaign Financing Trust Fund Contribution		.00 May Be ded to Fees
Zip	Country	Zip	Countr	у	8. This corporation has liability for	intangible tax under	s 199.032,
4	25	29	30			S No No	
	Name and Address of Curre	nt Registered Agent			10. Name and Address of New F	Registered Agent	
			8.	Name			
CONDI	t, diane k		82	Street Addi	ress (P.O. Box Number is Not Acceptate	:ile)	
	UCKINGHAM TR						<u> </u>
VERO F	BEACH FL 32960		8:	3			
			84	4 City		85	Zip Code
			į.	1	ration submits this statement for the pu	FL	·
SIGNATURE _	Signature, typed or printed name of registered ages	condition and title if applicable. (NO		ent signature require		4-20-9 DATE	<u>'</u> 6
12.	OFFICERS AN	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF		
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NAME !			1.2 NAM8	:			
	Condit. Robert	D.S.					
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14. I do hereby certify that the information supplied with this filing is voluntarily turnished and does not qualify for the exemption stated in Section 119.0/kjk, Florida Statutes. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-96 401-778-8343