

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000064341 (7)

1. Corporation Name

BEST REFLECTIONS INC.



Principal Place of Business

119 SW 31ST ST  
CAPE CORAL FL 33914

Mailing Address

119 SW 31ST ST  
CAPE CORAL FL 33914

3. Date Incorporated or Qualified

08/21/1995

3a. Date of Last Report

2. Principal Place of Business

21 4603 Sheldrake Dr.  
Suite, Apt. #, etc.

2a. Mailing Address

25 4603 Sheldrake Dr.  
Suite, Apt. #, etc.

4. FEI Number

65-0626938

Applied For

Not Applicable

22

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

City & State

23 Orlando, FL.

City & State

23 Orlando, FL.

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

Zip

24 32812

Country

25 Orange

Zip

29 32812

Country

30 Orange

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

9. Name and Address of Current Registered Agent

COOK, JOHN H JR  
119 SW 31ST ST  
CAPE CORAL FL 33914

10. Name and Address of New Registered Agent

81 Name

JOSEPH D. Cook

82 Street Address (P.O. Box Number is Not Acceptable)

4603 Sheldrake Dr.

83

84 City

Orlando

FL

85 Zip Code

32812

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 607.0506, Florida Statutes.

SIGNATURE

Signature, type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4.30.96

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE  
NAME Cook, John H. Jr.  
STREET ADDRESS 119 SW 31ST ST.  
CITY-ST-ZIP CAPE CORAL, FL. 33914

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/TISTD/C/M ☒ Change ☐ Addition  
1.2 NAME JOSEPH D. Cook  
1.3 STREET ADDRESS 4603 Sheldrake Dr.  
1.4 CITY-ST-ZIP Orlando, FL. 32812

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

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

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

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

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.30.96

DATE

(407) 855-9632

(941) 458-4739

Daytime Phone #

CR2E034 (12/95)