FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # P95000064341 (7)

BEST REFLECTIONS INC. Principal Place of Business Mailing Address 4603 SHELLDRAKE DRIVE 4800 SHELLDRAKE DRIVE ORLANDO FL 32812 ORLANDO FL 32812-7551 US 3. Date Incorporated or Qualified 3a. Date of Last Report 08/21/1995 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0626938 Not Applicable 21 26 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 凶 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country Zip 8. This corporation has liability for intangible tax under s. 199.032 Yes No 29 30 Florida Statutes 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent R1 JOSEPH D. COOK **4603 SHELLDRAKE DRIVE** Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32812 RA City 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 Signature, typics or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)12. 13. PTSD Change Addition THEF DELETE 1.1 TITLE COOK, JOSEPH D. NAME 1.2 NAME CR2E034 4803 SHELLDRAKE DRIVE 1.3 STREET ADDRESS STREET ADDRESS ORLANDO FL CITY - ST 1.4 CITY-ST-ZIP DELETE Change Addition 21 TITLE THEF NAME 22 NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY - ST- ZIP CITY-ST-ZIP DELETE Addition Change 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS City-St-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE THE 4.2 NAME NAME STREET ADDRESS 43 STREET ADDRESS 4.4 CITY-ST-ZIP CITY: \$1-Zir DELETE Change Addition Talle 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CiTY-ST-ZIP Dilly-ST-ZIP DELETE 6.1 TITLE ☐ Change Addition THILE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

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

ment with an address

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

SIGNATURE:

appears in Block 12 or Block 13 if change

DEOUNED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

May 12 1997 8:00am

Secretary of State

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