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Apr 21 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 # P95000087308 (9)

1. Corporation Name

REFLECTED ORIGINALS CORPORATION

Principal Place of Business

1375 PINELLAS BAYWAY UNIT 36  
TIERRA VERDE FL 33715

Mailing Address

P.O. BOX 516  
BAY PINES FL 33744-0516  
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		11/14/1995	06/06/1996
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		59-3351331	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28			
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	29	30		
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

GRATZ, DAVID  
1375 PINELLAS BAYWAY UNIT 36  
TIERRA VERDE FL 33715

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

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	D	1.1 TITLE	
NAME	GRATZ, DAVID	1.2 NAME	
STREET ADDRESS	1375 PINELLAS BAYWAY UNIT 36	1.3 STREET ADDRESS	
CITY-ST-ZIP	TIERRA VERDE FL 33715	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	LEROUGE, SARAH LYNN	2.2 NAME	
STREET ADDRESS	2300 CONG. HEBERT DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHALMETTE LA	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	LEROUGE, CYNTHIA	3.2 NAME	
STREET ADDRESS	1375 PINELLAS BAYWAY UNIT 36	3.3 STREET ADDRESS	
CITY-ST-ZIP	TIERRA VERDE FL 33715	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	LEROUGE, EDWARD	4.2 NAME	
STREET ADDRESS	2300 CONG. HEBERT DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHALMETTE LA	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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:

*Cynthia Lerouge*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-97

(Date)

813-226-2600  
X 1039

Daytime Phone #

CR2E034 (9/96)