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Apr 16 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 # **P95000096649 (5)**

1. Corporation Name
REFLECTION PROTEA CORP.

Principal Place of Business
**1712 SEA OATS DRIVE
ATLANTIC BEACH FL 32233**

Mailing Address
**1712 SEA OATS DRIVE
ATLANTIC BEACH FL 32233-5629**

3. Date Incorporated or Qualified
12/18/1995

3a. Date of Last Report
03/14/1996

2. Principal Place of Business

2a. Mailing Address

21 **1100 SAWGRASS VILL. DR**

26 **P.O. BOX 50191**

4. FEI Number
59-3359506

Applied For
Not Applicable

22 **SUITE 201B**

Suite, Apt. #, etc.

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

23 **PONTE VEDRA BEACH, FL**

27 **JACKSONVILLE BEACH, FL**

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

24 **32082** 25 **USA**

29 **32240** 30 **USA**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KOREN, AVRAHAM
1712 SEA OATS DRIVE
ATLANTIC BEACH FL 32233**

81 Name **SAME**
82 Street Address (P.O. Box Number is Not Acceptable)
1100 SAWGRASS VILLAGE DR.
83 **SUITE 201B**
84 City **PONTE VEDRA BEACH** FL 85 Zip Code **32082**

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** ☐ DELETE
NAME **KOREN, AVRAHAM**
STREET ADDRESS **1712 SEA OATS DRIVE**
CITY-ST-ZIP **ATLANTIC BEACH FL 32233**

1.1 TITLE **SAME** ☐ Change ☐ Addition
1.2 NAME **SAME**
1.3 STREET ADDRESS **1100 SAWGRASS VILL DR, STE 201B**
1.4 CITY-ST-ZIP **PONTE VEDRA BEACH, FL 32082**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 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: **AVRAHAM KOREN**

4/10/97

904/285-7989

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0097783

CR2E034 (9/96)