

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

FILED

Jan 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000096649 (5)

1. Corporation Name
REFLECTION PROTEA CORP.

Principal Place of Business 1100 SAWGRASS VILL. DR. STE. 201B PONTE VEDRA BEACH FL 32082 US	Mailing Address P.O. BOX 50191 JACKSONVILLE BEACH FL 32240 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4 SAWGRASS VILL DR Suite, Apt. #, etc. 22 STE 140 D City & State 23 PONTE VEDRA BEACH, FL Zip 24 32082 Country 25 USA		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30		3. Date Incorporated or Qualified 12/18/1995	4. FEI Number 59-3359596 Applied For Not Applicable	5. Certificate of Status Desired 8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution 5.00 May Be Added to Fees	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
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9. Name and Address of Current Registered Agent KOREN, AVRAHAM 1100 SAWGRASS VILLAGE DR. STE. 201B PONTE VEDRA BEACH FL 32082				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 4 SAWGRASS VILLAGE DR 84 STE 140 D 85 City FL Zip Code			
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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	NAME	KOREN, AVRAHAM	1.1 TITLE		1.2 NAME	
STREET ADDRESS		STREET ADDRESS	1100 SAWGRASS VILLAGE DR., STE. 201B	1.3 STREET ADDRESS		1.4 CITY-ST-ZIP	4 SAWGRASS VILLAGE DR, STE 140 D
CITY-ST-ZIP		CITY-ST-ZIP	PONTE VEDRA BEACH FL	2.1 TITLE		2.2 NAME	
TITLE		NAME		2.3 STREET ADDRESS		2.4 CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS		3.1 TITLE		3.2 NAME	
CITY-ST-ZIP		CITY-ST-ZIP		3.3 STREET ADDRESS		3.4 CITY-ST-ZIP	
TITLE		NAME		4.1 TITLE		4.2 NAME	
STREET ADDRESS		STREET ADDRESS		4.3 STREET ADDRESS		4.4 CITY-ST-ZIP	
CITY-ST-ZIP		CITY-ST-ZIP		5.1 TITLE		5.2 NAME	
TITLE		NAME		5.3 STREET ADDRESS		5.4 CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS		6.1 TITLE		6.2 NAME	
CITY-ST-ZIP		CITY-ST-ZIP		6.3 STREET ADDRESS		6.4 CITY-ST-ZIP	

14. I 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

1/22/98

904/2857989

CR2E034 (10/97)