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Apr 14 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000009938 (7)**

1. Corporation Name

**REFLECTIONS PET URNS, INC.**



Principal Place of Business

Mailing Address

**4681-78 AVE N**  
**PINELLAS PARK FL 34065**

**4681-78 AVE N**  
**PINELLAS PARK FL 33781-2428**

3. Date Incorporated or Qualified

**01/29/1996**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 **6218-33 RD STR. NORTH**

26 **6218-33 RD STR. NORTH**

4. FEI Number

**59-3357639**

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

City & State

City & State

23 **ST. PETERSBURG, FL**

28 **ST. PETERSBURG, FL**

6. Election Campaign Financing Trust Fund Contribution ☐

**\$5.00 May Be Added to Fees**

Zip

Country

Zip

Country

24 **33702**

25 **USA.**

29 **33702**

30 **U.S.A.**

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

**GARIANO, SHARON M**  
**4681-78 AVE N**  
**PINELLAS PARK FL 34065**

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 ☐ DELETE

1.1 TITLE

**P SHARON M. GARIANO**

☐ Change ☒ Addition

NAME

1.2 NAME

**4681-78 AVE NORTH**

STREET ADDRESS

1.3 STREET ADDRESS

**PINELLAS PARK, FL 33781**

CITY-ST-ZIP

1.4 CITY-ST-ZIP

TITLE

2.1 TITLE

**T TERENCE C. GARIANO**

☐ Change ☒ Addition

NAME

2.2 NAME

**4681-78 AVE NORTH**

STREET ADDRESS

2.3 STREET ADDRESS

**PINELLAS PARK, FL 33781**

CITY-ST-ZIP

2.4 CITY-ST-ZIP

TITLE

3.1 TITLE

☐ Change ☐ Addition

NAME

3.2 NAME

STREET ADDRESS

3.3 STREET ADDRESS

CITY-ST-ZIP

3.4 CITY-ST-ZIP

TITLE

4.1 TITLE

☐ Change ☐ Addition

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY-ST-ZIP

4.4 CITY-ST-ZIP

TITLE

5.1 TITLE

☐ Change ☐ Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY-ST-ZIP

5.4 CITY-ST-ZIP

TITLE

6.1 TITLE

☐ Change ☐ Addition

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:

**TERENCE C. GARIANO**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**April 7, 1997**

Daytime Phone #

**813-528-7387**

CR2E034 (9/96)