

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

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90216 021 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # P97000108977

1. Corporation Name
MYTHICAL REFLECTIONS, INC.



| | |
|---|---|
| Principal Place of Business 118 WEST ORANGE STREET ALTAMONTE SPRINGS FL 32714 | Mailing Address 118 WEST ORANGE STREET ALTAMONTE SPRINGS FL 32714 |
|---|---|

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/01/1998

| | |
|--|---|
| 2. Principal Place of Business 21 360 N HWY 17/92 Suite, Apt. #, etc. 22 | 2a. Mailing Address 26 360 N HWY 17/92 Suite, Apt. #, etc. 27 |
| City & State 23 LONGWOOD, FL Zip Country 24 32750 USA | City & State 28 LONGWOOD, FL Zip Country 29 32750 USA |

| | |
|---|---------------------------------------|
| 4. FEI Number 59-3486660 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

**AMERILAWYER
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

| |
|---|
| 81 Name DONALD R FULLER |
| 82 Street Address (P.O. Box Number is Not Acceptable) 360 N HWY 17/92 |
| 83 |
| 84 City LONGWOOD FL |
| 85 Zip Code 32750 |

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 *Donald R Fuller* **DONALD R. FULLER, PRESIDENT** DATE **4/28/99**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | |
|----------------|---|
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | FULLER, DONALD R |
| STREET ADDRESS | 118 WEST ORANGE STREET |
| CITY-ST-ZIP | ALTAMONTE SPRINGS FL 32714 |
| TITLE | D <input checked="" type="checkbox"/> DELETE |
| NAME | HODGE, HOWARD M |
| STREET ADDRESS | 118 WEST ORANGE STREET |
| CITY-ST-ZIP | ALTAMONTE SPRINGS FL 32714 |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | FULLER, JENNIFER L |
| STREET ADDRESS | 118 WEST ORANGE STREET |
| CITY-ST-ZIP | ALTAMONTE SPRINGS FL 32714 |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | 360 N HWY 17/92 |
| 1.4 CITY-ST-ZIP | LONGWOOD, FL 32750 |
| 2.1 TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | CHRISTINE A FULLER |
| 2.3 STREET ADDRESS | 360 N HWY 17/92 |
| 2.4 CITY-ST-ZIP | LONGWOOD FL 32750 |
| 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | 360 N HWY 17/92 |
| 3.4 CITY-ST-ZIP | LONGWOOD FL 32750 |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 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)(l), 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, with all other like empowered.

SIGNATURE: *Donald R Fuller* **DONALD R. FULLER** DATE **4/28/99** DAYTIME PHONE # **(407) 767-5510**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)