FILE NOW: FILING FEE AFTER MAY 1ST IS \$	\$ 550.00
PROFIT CORPORATION ANNUAL REPORT 1999 FLORIDA DEPARTM Katherine Secretary of DIVISION OF COR	of State FILED
	99 SEP -7 PM 2: 14
DOCUMENT # P98000059351 THE CUBE FACTORY INC.	SECRETARI OF STATE
Reflexions Decor, Unc	
Principal Pilice of Business Mailing Address 2206 WEST ATLANTIC AVENUE. #201 DELRAY BEACH FL 33445 Mailing Address 2206 WEST ATLANTIC AVENUE DELRAY BEACH FL 33445	UE. #201 GOOG 050 \$\frac{4550}{9000} GOOG 050 \$\frac{4550}{5000} GOOG 0
	07/06/1998
2. Principal Place of Business 2a. Mailing Address 25 1900 N.W Cok	Applied For Not Applicable
Suite Apt. #, etc. Suite, Apt. #, etc.	5. Certificate of Status Desired \$8.75 Additional Fee Required
22 Suite 400 E. 27 Suite 400 City & State	6. Election Campaign Financing \$5.00 May Be
23 Boca Katon - FL 28 Boca Kate	Country 8. This corporation owes the current year Intangible
24 3343/ 25 USA - 29 3 343/ 30 9. Name and Address of Current Registered Agent	Personal Property Tax. Yes Mono
VAISER, CECILE 02D - New 2206 WEST AFLANTIC AVENUE, #201 DELRAY BEACH FL 33445	81 Name AISER CECILE 82 Street Address (P.O. Box Number is Not Acceptable) 1900 V.W. CORPORUR SIVD- #400E 83 FL 85 Zip Code 84 div. 86 Reston FL 85 Zip Code 3 3 4 3/-
office or registered agent, or both, in the State of Florida. South change was additional agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida	
5.1 Mare types of printed name of registers again to the printed types	Regelered Agent signature required when reinstative) 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
DELETE VAISER SISSET-ADDRESS 1900 N.W. Corporate BLVO-#400 E.	11 TITLE Change Additi
Boxa Katon -FL S3431-	14 CITY-ST-ZIP
TITE CONTENTS CONTENT	22 NAME 23 STREET ADDRESS
THE DELETE	2 4 GTY-ST-ZP [] Change [] Addrts 31 TITLE [] Change [] Addrts
NAME:	
STREET ADDRESS,	33 STREET ADDRESS
STARRET ADDRESS, CON STORM	
STREET ADDRESS,	3.3 STREET ADDRESS 3.4 CITY - ST-ZIP 4.1 TITLE
STREET ADDRESS, CONSISTER DELETE	33 STREET ADDRESS 34 CITY-ST-2IP Change Addit

6.4 CITY-ST-ZIP 14. Thereby 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 with all other like empowered.

61 TITLE 62 NAME

53 STREET ADDRESS 5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

SIGNATURE: _

NAME.

1,406

5 RECT ADDRESS!

SIGNATURE AND TYPED OR EMPLYED MAKE OF SIGNING OFFICER OR DIRECTOR

DELETE

561-477-347: Daytime Prone #