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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 546611

1. Corporation Name

REFLECTIONS OF BOCA, INC.

Principal Place of Business

Mailing Address

2200 N.W. CORPORATE BLVD.
BOCA RATON, FL 33431

4400 N. FEDERAL HWY
STE 210
BOCA RATON, FL 33431

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

4/18/91

7/1/92

4. FEI Number

65-0256631

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 has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

4400 N FEDERAL HWY

Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

22

27

STE 210

City & State

28 City & State

23

28

BOCA RATON FL

Zip

Country

29 Zip

Country

24

25

29

33431

30

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ELAYNE PRINCE
4400 NORTH FEDERAL HWY
SUITE 210
BOCA RATON, FL #33431

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 607.0505 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 of registered agent and if not a shareholder)

(If not a Registered Agent, signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PRESIDENT
NAME	PRINCE, ALLEN
STREET ADDRESS	626 BOCA MARINE COURT
CITY, ST, ZIP	BOCA RATON, FL 33431
TITLE	VICE-PRESIDENT
NAME	PRINCE, ELAYNE
STREET ADDRESS	4400 N. FEDERAL HWY STE 210
CITY, ST, ZIP	BOCA RATON, FL 33431
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

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****200.00 ****200.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 697, Florida Statutes, and that my name appears in Block 12 or Block 13 (if changed), or in an attachment with an address.

SIGNATURE:

(Signature and typed or printed name of signing officer or director)

ALLEN PRINCE

PRESIDENT

2/28/95

407-394-2703