


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

FILED

Apr 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 1. Corporation Name REFLECTIONS OF BOCA, INC. <i>S46011</i>			
Principal Place of Business 2200 N.W. CORPORATE BLVD. BOCA RATON, FL. 33431		Mailing Address 4400 NO. FEDERAL HWY STE 210 BOCA RATON, FL. 33431	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30	
9. Name and Address of Current Registered Agent ELAYNE PRINCE 4400 NO. FEDERAL HIGHWAY STE. #210 BOCA RATON, FL. 33431		10. Name and Address of New Registered Agent 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
101 NAME PRESIDENT <input type="checkbox"/> DELETE 102 STREET ADDRESS PRINCE, ALLEN 103 CITY-ST-ZIP 626 BOCA MARINE COURT BOCA RATON, FL. 33431		111 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 112 NAME 113 STREET ADDRESS 114 CITY-ST-ZIP	
201 NAME VICE PRESIDENT <input type="checkbox"/> DELETE 202 STREET ADDRESS PRINCE, ELAYNE 203 CITY-ST-ZIP 4400 N. FEDERAL HWY #210 BOCA RATON, FL. 33431		211 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 212 NAME 213 STREET ADDRESS 214 CITY-ST-ZIP	
301 NAME <input type="checkbox"/> DELETE 302 STREET ADDRESS 303 CITY-ST-ZIP		311 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 312 NAME 313 STREET ADDRESS 314 CITY-ST-ZIP	
401 NAME <input type="checkbox"/> DELETE 402 STREET ADDRESS 403 CITY-ST-ZIP		411 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 412 NAME 413 STREET ADDRESS 414 CITY-ST-ZIP	
501 NAME <input type="checkbox"/> DELETE 502 STREET ADDRESS 503 CITY-ST-ZIP		511 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 512 NAME 513 STREET ADDRESS 514 CITY-ST-ZIP	
601 NAME <input type="checkbox"/> DELETE 602 STREET ADDRESS 603 CITY-ST-ZIP		611 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 612 NAME 613 STREET ADDRESS 614 CITY-ST-ZIP	
14. I declare every entry of the information supplied with this filing is not qualified for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 registered trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Book 12, Page 112, changed or corrected with an address.			
SIGNATURE: <i>Elayne Prince, V. President</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		400002129724 -04/01/97--01017--026 ***165.00 561-394-8999 3/20/97	

CR2E034 (9/96)