

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**98-99 AR**

FILED

90 JUL 12 PM 2:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **S46011**  
1. Corporation Name  
**REFLECTIONS OF BOCA, INC.**

Principal Place of Business Mailing Address  
**2200 N.W. CORPORATE BLVD. BOCA RATON, FL. 33431** **4400 NO. FEDERAL HWY STE 210 BOCA RATON, FL. 33431**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4/18/91	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Zip	65-0256631	
24	Country	29	Country	Applied For	
		30		Not Applicable	
5. Certificate of Status Desired			8. This corporation owes the current year Intangible Personal Property Tax		
<input type="checkbox"/>			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
6. Election Campaign Financing Trust Fund Contribution			9. Name and Address of Current Registered Agent		
<input type="checkbox"/>			10. Name and Address of New Registered Agent		
\$8.75 Additional Fee Required			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.		
\$5.00 May Be Added to Fees			Signature, typed or printed name of registered agent and title if applicable		

ELAYNE PRINCE  
4400 NO. FEDERAL HIGHWAY  
STE. #210  
BOCA RATON, FL. 33431

81	Name	85	Zip Code
82	Street Address (P.O. Box Number is Not Acceptable)		
83			
84	City	FL	

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRINCE, ALLEN	1.2 NAME	
STREET ADDRESS	626 BOCA MARINE COURT	1.3 STREET ADDRESS	200002940492--6
CITY-ST-ZIP	BOCA RATON, FL. 33431	1.4 CITY-ST-ZIP	--07/23/99--01088--008
TITLE	VICE PRESIDENT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRINCE, ELAYNE	2.2 NAME	***300.00
STREET ADDRESS	4400 N. FEDERAL HWY #210	2.3 STREET ADDRESS	***300.00
CITY-ST-ZIP	BOCA RATON, FL. 33431	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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 of an appointment with an address, with all other like empowered.

SIGNATURE *Elayne Prince, v. President*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561-394-8999

Date Daytime Phone #

CR2E034 (11/98)