

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V01803 (8)

1. Corporation Name

REFLECTIONS AT HIDDEN LAKE, INC.

Principal Place of Business

Mailing Address

520 WEST LAKE MARY BLVD
TOWER SUITE 300
SANFORD FL 32773
US

520 WEST LAKE MARY BLVD.
TOWER SUITE 300
SANFORD FL 32773
US



2. Principal Place of Business		2a. Mailing Address	
21	520 WEST LAKE MARY BLVD	26	520 WEST LAKE MARY BLVD
Suite, Apt. #, etc		Suite, Apt. #, etc	
22		27	
City & State		City & State	
23	SANFORD, FL.	28	SANFORD, FL.
Zip	Country	Zip	Country
24	32773	25	USA
29	32773	30	USA

3. Date Incorporated or Qualified	3a. Date of Last Report
12/19/1991	08/14/1995
4. FEI Number	Applied For
59-3097838	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input checked="" type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

CHRISTIANSEN, PATRICK T.
255 S ORANGE AVE
17TH FLOOR
ORLANDO FL 32801

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

Signature, typed or printed name of registered agent and then applicable

(NOTE: Registered Agent signature required when terminating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DTS	1.1 TITLE	
NAME	CHRISTIANSEN, PATRICK T.	1.2 NAME	
STREET ADDRESS	255 S ORANGE AVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	
NAME	KNIGHT, JOHN E.	2.2 NAME	
STREET ADDRESS	520 WEST LAKE MARY BLVD	2.3 STREET ADDRESS	
CITY - ST - ZIP	SANFORD FL	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

John E. Knight (JOHN E. KNIGHT)

8/6/96

407-330-2244

CR2E034 (3/96)