FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortnam

Secretary of State

1996

192 (9)

DOCUMENT # **V24192**

VICTORIAN REFLECTIONS, INC.

 .							<u> </u>		JIRK OTON BION	04031 04011 4 60 1	
Principal Place of Business Mailing Address											
1348 WESTON ROAD FT. LAUDERDALE FL 33326			1348 WESTON ROAD FT. LAUDERDALE FL 33326								
							3. Date Incorporated or Qualified 03/25/1992		ate of Last F 11/27/19		
2. Principal Place of Business			2a. Mailing Address				4. FEI Number			Applied For	
3			26			65-0321730			Not Applicable		
Suite, Apt. #, etc			Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional Required		
City & State			Orty & State			6. Election Campaign Financing	5.00 May Be				
23		28	28				Trust Fund Contribution			Added to Fees	
Zip	Country	ļ	Zip	Cour	itry		8. This corporation has liability for i		tax under s	199.032,	
4	25	29		[30]			Florida Statutes Yes 10. Name and Address of New R	□No	d Anna		
	g. Name and Address of Curr	ent Hegi	stered Agent	<i></i>	81	Nanie	10. Name and Address of New F	egistere	u Agent		
LOUIE 4	MCELA I			Ĺ	62					- -	
LOWE, ANGELA J 1348 WESTON RD. FT. LAUDERDALE FL 33326						Street Addr	ddress (P.O. Box Number is Not Acceptable)				
						L					
5101					84	City			85 7	ıp Code	
					0 4	City		F	L ° ' '	y, 0000	
SIGNATURE _	Signature (typed or printed minus of rejideend a OFFICERS A			13.	Agr.	d signature require	ADDITIONS/CHANGES TO OFF	DATE	ND DIRECTO	ORS IN 12	
TOTLE	PD	DELETE			1 1 TITLE				Change	☐ Addition	
NAME	LOWE, ANGELA J			1 2 NA	Mξ						
STREET ADDRESS	1348 WESTON RD.			1.3 ST	REET	ADDRESS					
CITY-ST-ZIP	FT. LAUDERDALE FL 3332	6		1401	IY-S	17-Z-P					
TITLE	VD		☐ DELFTE	ן י 2	ÌΙF				☐ Change	☐ Addition	
NAME	LOWE, ROBERT F			2.2 NA							
STREET ADDRESS	1348 WESTON ROAD	•		1		PRESIDEN					
CITY - ST - ZIP	FT. LAUDERDALE FL 3332	TO	D DELETE	2401		ST - ZIP			☐ Change	Addition	
TITLE			☐ DELFTE	3 1 Tu 3 2 NA					☐ cuarige	☐ Modition	
NAME STREET ADDRESS						T ADDRESS					
CITY-ST-ZIP				3401		1					
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NAME				4.2 %	Mξ						
STREET ADDRESS				4.3 ST	REEL	I ADDRESS					
CITY-ST-ZIP						ST ZIP					
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CITY - ST - ZIP			FD DE LETE			ST ZIP			C Chance	☐ Addd on	
TITLE			☐ DELETE	6 1 Ti					☐ Change	☐ Addition	
NAME				62 N							
STREET ADDRESS						I ADDRESS					
CITY - ST - ZIP	I			■ 64 CI	1 Y - 5	ST-ZIP					

14. Ido 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on as attachment of an address.

SIGNATURE:

NONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/96 (954)384-4498

.KZEU34 (12/95)