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FILED

Jan 23 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 # V46237 (6)  
1. Corporation Name:  
REFLECTIONS GLASS AND MIRROR, INC.



Principal Place of Business

Mailing Address

~~3712 SPAINWOOD DRIVE~~  
~~SARASOTA FL 34232~~

~~3712 SPAINWOOD DRIVE~~  
~~SARASOTA FL 34232~~

2. Principal Place of Business

2a. Mailing Address

21 1306 N. Washington Blvd  
Suite, Apt. #, etc.

26 7876 S. Leewyn Pl  
Suite, Apt. #, etc.

22  
City & State  
23 SARASOTA FL

27  
City & State  
28 SARASOTA FL

24 Zip 34236 Country

29 Zip 34240 Country

3. Date Incorporated or Qualified  
06/23/1992

3a. Date of Last Report  
05/01/1996

4. FEI Number  
65-0336667

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FLEEMAN, DAVID A  
3712 SPAINWOOD DRIVE  
~~SARASOTA FL 34232~~

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

7876 S. Leewyn Pl

83

84 City SARASOTA

FL

85 Zip Code 34240

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]*  
Signature of person named as registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

1.14.97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME D FLEEMAN, DAVID A  
STREET ADDRESS ~~3712 SPAINWOOD DRIVE~~  
CITY - ST - ZIP ~~SARASOTA FL~~

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 7876 S. Leewyn Pl  
1.4 CITY - ST - ZIP SARASOTA FL 34240

TITLE ☐ DELETE  
NAME ST DAVID B. SPIEGEL  
STREET ADDRESS 3516 DESCO RD  
CITY - ST - ZIP NORTH PORT FL

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do 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 on an attachment with an address.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1.14.97 (941) 366-2922  
Date Daytime Phone #

CR2E034 (9/96)