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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V46237

(6)

FILED Feb 18 1998 8:00am Secretary of State

REFLEC	CTIONS GLASS AND MIRI	ROR, INC.			
Principal Place	e of Business	Mailing Address			[8]] 8]8]] 8]8]] [6][] 8][]
1306 N WASHINGTON BLVD 7876 S LEE WYN PL SARASOTA FL 34236 SARASOTA FL 34240 US US				DO NOT WRITE IN THI	S SPACE
00		03	•	3. Date Incorporated or Qualified	
				06/23/1992	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0336667	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State City & State				6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the o	current year Intangible
24			30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Registers	d Agent
	E ma n, david a		81 Name		
7876 S LEE WYNN PL			82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
SAI	RASOTA FL 34240				
			83		
			84 City		85 Zip Code
				F	
11. Pursuant to office or reagent. Lar	to the provisions of Sections 607.05 agistered agent, or both, in the Stam familiar with, and accept the obli	502 and 607.1508, Florida Statute te of Florida Such change was a igations of, Section 607.0505, Flor	s, the above-named corp uthorized by the corporat rida Statutes.	oration submits this statement for the purpose ion's board of directors. I hereby accept the a	of changing its registered ppointment as registered
SIGNATURE	Signature, typed or printed name of registered a	ment and (the if publicable INOTE	Registered Agent signature requir	ed when reinstating) DATE	
12,		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		Change Addition
NAME	FLEEMAN, DAVID A		1.2 NAME		
STREET ADDRESS	7876 S LEE WYNN PL		1.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		1.4 CITY - ST - ZIP		
TITLE	ST	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	David B. Spiegel		2.2 NAME		
STREET ADDRESS	3516 DESCO RD		2.3 STREET ADDRESS		,
CITY-ST-ZIP	NORTH PORT FL		2. 4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		Change Addition
NAME			5 2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP		T DELETE	5 4 CITY - ST - ZIP		Ohaman I Adam
TITLE		☐ DELETE	6.1 TITLE		L. Change L. Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 City-St-ZiP	Section 110 07/9Vi) Florido Statutos I further	

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 of the occaver 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.

MATURE.

2,13,08 (94)

(941) 366.2927