FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY 23 PM 1:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N22119

1. Corporation Name

BRAILLE INTERNATIONAL, INC.

800001498308
-05/24/95--01065--009
****155.00 ****155.00
DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
C/O GEOFFREY BULL 3290 SE SLATER STREET STUART, FL 34997	C/O GEOFFREY BULL 3290 SE SLATER STREET STUART, FL 34997

3. Date Incorporated or Qualified: 08/19/1987
3a. Date of Last Report: 02/02/1994
4. FEI Number: 59-2412553 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 3290 SE SLATER STREET	26 3290 SE SLATER STREET
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

5. Certificate of Status Desired ☒ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — **$68.75** Supplemental Fee Not Required
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
BRUBAKER, STEVEN 3290 SE SLATER STREET STUART, FL 34997	81 Name: BULL, GEOFFREY L. 82 Street Address (P.O. Box Number is Not Acceptable): 3290 SE SLATER STREET 83 84 City: STUART FL 85 Zip Code: 34997

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: G L Bull — GEOFFREY L. BULL, PRESIDENT — G L Bull — DATE: 5/15/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D/C/S	11 TITLE	☐ Change ☐ Addition
NAME	THOMAS, WILLIAM A.	12 NAME	
STREET ADDRESS	3290 SE SLATER STREET	13 STREET ADDRESS	
CITY-ST-ZIP	STUART, FL 34997	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	OWEN, NATHAN	22 NAME	
STREET ADDRESS	3290 SE SLATER STREET	23 STREET ADDRESS	
CITY-ST-ZIP	STUART, FL 34997	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	SMITH, JOSEPH F.	32 NAME	
STREET ADDRESS	3290 SE SLATER STREET	33 STREET ADDRESS	
CITY-ST-ZIP	STUART, FL 34997	34 CITY-ST-ZIP	
TITLE	P/D	41 TITLE	☐ Change ☐ Addition
NAME	BULL, GEOFFREY L.	42 NAME	
STREET ADDRESS	3290 SE SLATER STREET	43 STREET ADDRESS	
CITY-ST-ZIP	STUART, FL 34997	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

REMITTED BY MAY 1

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

SIGNATURE: G L Bull GEOFFREY L. BULL G L Bull 5/15/95 (407) 286-8366
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

LW