

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F35833

1. Corporation Name

BRITANNIC INTERNATIONAL CORP.

Principal Place of Business

2655 LEJEUNE RD  
SUITE 806  
CORAL GABLES FL 33134  
US

Mailing Address

2655 LEJEUNE RD  
SUITE 806  
CORAL GABLES FL 33134  
US

2. Principal Place of Business

21 600 BALTIMORE WAY

Suite, Apt. #, etc.

22 P.H. #102

23 Coral Gables, FLA

24 33134 25 DADC

2a. Mailing Address

26 600 BALTIMORE WAY

Suite, Apt. #, etc.

27 P.H. #102

28 Coral Gables, FLA

29 33134 30 DADC

9. Name and Address of Current Registered Agent

LINLEY, BARRIE D  
2655 LEJEUNE ROAD, #809  
CORAL GABLES FL 33134

3. Date Incorporated or Qualified

05/21/1981

4. FEI Number

59-2133143

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 owes the current year Intangible  
Personal Property Tax.

☐

Yes

☐ No

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME LINLEY, BARRIE D  
STREET ADDRESS 2655 LEJEUNE ROAD, #809  
CITY-ST-ZIP CORAL GABLES FL 33134

☐ DELETE

TITLE ST  
NAME LINLEY, BRENDA  
STREET ADDRESS 2655 LEJEUNE ROAD, #809  
CITY-ST-ZIP CORAL GABLES FL 33134

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Mar 02, 1999 8:00 am  
Secretary of State

03-02-1999 90173 009 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (11/98)