

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **G85304** (5)

1. Corporation Name  
**BRELIANT REALTY, INC.**



Principal Place of Business  
**2429 U.S. ALTERNATE 19TH NORTH  
PALM HARBOR FL 33563**

Mailing Address  
**2429 U.S. ALTERNATE 19TH NORTH  
PALM HARBOR FL 33563**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>02/17/1984</b>		3a. Date of Last Report <b>05/01/1995</b>	
21 <b>3454 Tampa Road</b>		26 <b>3454 Tampa Road</b>		4. FEI Number <b>59-2384386</b>		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
City & State 23 <b>Palm Harbor, FL</b>		City & State 28 <b>Palm Harbor, FL</b>		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Zip 24 <b>34684</b>		Country 25		Zip 29 <b>34684</b>		Country 30	

g. Name and Address of Current Registered Agent

**BRELIANT, EDWARD  
2429 U. S. ALTERNATE 19TH NORTH  
PALM HARBOR FL 33563**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable) <b>3454 Tampa Road</b>
83	
84	City <b>Palm Harbor, FL</b>
85	Zip Code <b>34684</b>

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRACEY, MARILYN	1.2 NAME	
STREET ADDRESS	2860 BRAIRWOOD	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	1.4 CITY-ST-ZIP	
TITLE	PSD	2.1 TITLE	S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRELIANT, RUTH N.	2.2 NAME	
STREET ADDRESS	3134 HARVEST MOON DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	2.4 CITY-ST-ZIP	34683
TITLE		3.1 TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Edward Breliant
STREET ADDRESS		3.3 STREET ADDRESS	3134 Harvest Moon Drive
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Palm Harbor, FL 34683
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(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 an attachment with an address.

SIGNATURE:

*Edward Breliant*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/96  
Date

813-781-3700  
Daytime Phone #

CR2E034 (12/95)