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

FILED
Apr 05 1996 8:00 am
Secretary of State

DOCUMENT # **L90193** **(8)**

1. Corporation Name
THE BRILLIS CORPORATION

Principal Place of Business
1850 LEE ROAD
SUITE 124
WINTER PARK FL 32789
US

Mailing Address
P.O. BOX 2202
SUITE 124
WINTER PARK FL 32790
US

2. Principal Place of Business
21
Suite, Apt. #, etc.
22 SUITE 127
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27 SUITE 127
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: **07/26/1990**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-3019377** 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. Is corporate activity for profit as defined in Section 199.032, Florida Statutes? [ ] Yes [ ] No

9. Name and Address of Current Registered Agent
BRILLIS, MATHEWS L.
113 EASTWIND LANE
SUITE 124
FERN PARK FL 32750

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
1850 LEE ROAD
83 SUITE 127
84 City WINTER PARK FL 85 Zip Code 32789

11. Pursuant to the provisions of Section 607.0505, or 617.0505, Florida Statutes, the undersigned 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

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	DELETE
PD	BRILLIS, MATHEWS L.	113 EASTWIND LANE	FERN PARK FL	[ ]
VD	BRILLIS, SHARON BURTON	113 EASTWIND LANE	FERN PARK FL	[ ]
				[ ]
				[ ]
				[ ]
				[ ]

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	Change	Addition
		1850 LEE ROAD, SUITE 127	WINTER PK FL 32789	[X]	[ ]
		1850 LEE ROAD, SUITE 127	WINTER PK, FL 32789	[ ]	[ ]
				[ ]	[ ]
				[ ]	[ ]
				[ ]	[ ]
				[ ]	[ ]

14. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 in compliance with Section 607.0505, Florida Statutes.

SIGNATURE: 4-15-96 407 644 6660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)