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Apr 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # L90193 (8)

1. Corporation Name
THE BRILLIS CORPORATION

Principal Place of Business

1850 LEE ROAD
SUITE 127
WINTER PARK FL 32789
US

Mailing Address

P.O. BOX 2202
~~SUITE 127~~
WINTER PARK FL 32790-2202
US



2. Principal Place of Business

21 113 EASTWIND LANE

Suite, Apt. #, etc.

City & State

23 FERN PARK, FL

Zip

24 32730

Country

25 SEMINOLE

2a. Mailing Address

26 P.O. BOX 2202

Suite, Apt. #, etc.

City & State

28 WINTER PARK, FL

Zip

29 32790 -

Country

30 ORANGE

3. Date Incorporated or Qualified
07/26/1990

3a. Date of Last Report
04/05/1996

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. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BRILLIS, MATHEWS L.
1850 LEE ROAD SUITE 127
SUITE 124
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81 Name

MATHEWS L. BRILLIS

82 Street Address (P.O. Box Number is Not Acceptable)

113 EASTWIND LANE

83

~~FERN PARK, FL 32730~~

84 City

FERN PARK

FL

85 Zip Code

32730

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 ☐ DELETE

NAME BRILLIS, MATHEWS L.
STREET ADDRESS 1850 LEE ROAD SUITE 127
CITY-ST-ZIP WINTER PARK FL

TITLE VD ☐ DELETE

NAME BRILLIS, SHARON BURTON
STREET ADDRESS 1850 LEE ROAD SUITE 127
CITY-ST-ZIP WINTER PARK FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

113 EASTWIND LANE
FERN PARK, FL 32730

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

113 EASTWIND LANE
FERN PARK, FL 32730

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 to this address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/97

407-644-6660

CR2E034 (9/96)