


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

FILED

Jan 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L90193** (8)
1. Corporation Name
THE BRILLIS CORPORATION



Principal Place of Business 113 EASTWIND LANE FERN PARK FL 32730 US	Mailing Address P O BOX 2202 WINTER PARK FL 32790 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 628 MAITLAND AVE		2a. Mailing Address 26 PO BOX 300106		3. Date Incorporated or Qualified 07/26/1990	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-3019377	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 City & State ALTA MONTE SPRINGS, FL		28 City & State FERN PARK FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip 32701		29 Zip 32730		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Country USA		Country USA			

9. Name and Address of Current Registered Agent

BRILLIS, MATHEWS L
113 EASTWIND LN
FERN PARK FL 32730

10. Name and Address of New Registered Agent

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	
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BRILLIS, MATHEWS L 113 EASTWIND LN FERN PARK FL 32730	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	VD DEBRA E. BRILLIS 113 EASTWIND LN FERN PARK, FL 32730
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD BRILLIS, SHARON BURTON 113 EASTWIND LN FERN PARK FL 32730	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	VD CHAD M. BRILLIS 113 EASTWIND LN FERN PARK, FL 32730
TITLE NAME STREET ADDRESS CITY - ST - ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	VD WENDY A. BRILLIS 113 EASTWIND LN FERN PARK, FL 32730
TITLE NAME STREET ADDRESS CITY - ST - ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		6.1 TITLE 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.

SIGNATURE:

[Signature]

407 834-5151

CR2E034 (10/97)